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275

MEDICAL ADVANCE

A MONTHLY MAGAZINE OF

HOMŒOPATHIC MEDICINE.

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BY

H. C. ALLEN, M. D.

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To whom all subscriptions and business communications should be addressed.

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ORIGINAL CONTRIBUTIONS.

SECALE CORNUTUM.

A FRAGMENTARY PROVING, BY H. C. ALLEN, M. D., AND THE STUDENTS OF THE UNIVERSITY OF MICHIGAN.

SYNONYMS: Ergota; (Ergot or Argot, Fr., a cock's spur); Ergot of Rye; Spurred Rye; Secale clavatum; Mater secalis; Seigle ergoté (Fr.); Mutterkorn; Kornmutter (G.).

Preparations.—Potencies used in the proving; 2, 6, 30, 60, 100, 200, from the pharmacy of Boericke and Tafel.

Authorities.—1, Mrs. L. M. Hayes, with the 200. This prover knew the potency but not the drug. She was perfectly convinced that in the 200 potency, no drug was capable of producing medicinal symptoms on the healthy, and persisted in repeating her experiments to verify or disprove former results. Took Nov. 4 six drops every other day for a week. Nov. 17th took six drops twice a day for a week. Jan. 5th, took fifteen drops every day for a week. March 1st, took fifteen drops every morning for three days. 2, Miss R. C. Wilder, took six drops, 30 potency, in mornings of Nov. 5, 8, 12, 15. 3, H. B. Reynolds, took one drachm of 2 potency, in repeated doses. 4, J. S. Campbell, took several doses of 2 potency. 5, F. W.

Rogers, took one drachm of 200 potency, a dose twice a day for two weeks. 6, Mrs. M. T. Hathaway, repeated doses of 200 potency. 7, D. M. Finley, 100 potency; repeated the proving four times with same results each time. 8, Miss H. M. Swathel, took 200 potency, from March 1 to April 23, two or three times a day. Took 100 potency from May 2 to 15, once or twice daily. 9, G. D. Green, took 2 potency for two weeks. 10, C. S. Erswell, took 100 potency, one drachm, in daily doses for two weeks. 11, E. H. Pond, took 30 potency. 12, E. C. Watts, took 30 potency daily for a week. Since March, 1880, the drug was given out to 72 volunteers, as follows:

Second	potency to	16	provers,	
Third	"	"	4	"
Sixth	"	"	17	"
Thirtieth	"	"	13	"
Sixtieth	"	"	5	"
One hundredth	"	"	6	"
Two hundredth	"	"	8	"
Blanks	"	"	3	"

The blanks were given to those whose health, on examination, was not deemed sufficiently good to warrant a reliable proving, only one of whom (a young man who afterwards died of albuminuria) obtained or returned any result.

Rules Observed. So far as possible, every prover was examined as to health and personal qualifications; and questioned or cross-questioned on the recorded results.

Provers were directed to follow the rules laid down by Dunham for proving a drug.

No person knew what he or she was taking.

Botany. Adam Lonicer of Frankfort, about the middle of the 16 century, is the first botanical writer to notice ergot, and soon after Thalius speaks of it as used "*ad sistendum sanguinem.*" In 1623 Caspar Bauhin mentions it under the name of *Secale luxurians*, and in 1693 the Eng-

1.

2.

3.

lish botanist Ray alludes to its medicinal properties.

The true nature of ergot, whether a product of diseased vegetable life or a true vegetable itself, has long been a source of a great diversity of opinion. But according to the latest authorities, Secale c. belongs to the order Thallophyta–cellular or non-vascular plants. This is the lowest order of the vegetable kingdom and is divided into two classes, Algæ and Fungi, which is based upon the presence in the former of chlorophyll, and its absence in the latter. They produce no differentiation of root, stem or leaf. In the lowest members of the group there is no sexual reproduction, in

Fig. 1—A grain of Ergot. 2—A grain magnified, showing the Spacelia Segetum of Léveillé. 4—Section of a *grain magnified.*

the higer the sexual union may be by a single spore, or a mass of spores, or a fructification within which spores are found. De Candolle and Fries in 1816, and Léveillé in 1827, added, by their researches, much to our knowledge of the intimate structure of Secale, but it remained to L. R. Tulasne in 1853 by his admirable monograph *Mémoire sur l'Ergot des Glumacées* to clear up many disputed points in the formation, growth and development of this fungus, and this monograph is still referred to by nearly every author as the best work on the subject. Yet Fluckiger and Hanbury maintain that *the true nature of ergot has not been settled* even by Tulasne's long continued and admirable researches.

Formation: Hamilton sums up the conflicting views entertained by various writers as follows:

a. "Some regard ergot as a fungus growing between the glumes of grasses, in the place of the ovary (hence Léveillé calls it *Spacelia Segetum*).

b. Some regard ergot as a diseased condition of the ovary or seed.

c. Some have supposed that ordinary morbific causes (such as moisture combined with warmth,) were sufficient to give rise to this diseased condition of the grain.

d. Some have ascribed the disease to the attack of insects or other animals.

e. Some, dissatisfied with the previously assigned causes of the disease, have been content with declaring ergot to be a disease, but without specifying the circumstances which induce it."

Fluckiger and Hanbury state: "That the tissue of the seed of the rye, in the process of development, does not undergo a *transformation*, but is *simply destroyed*. Neither in external form, nor in anatomical structure does ergot exhibit any resemblance to a seed, although its development takes place between the flowering time and that at which the rye begins to ripen. It has been regarded as a com-

plete fungus, and as such was named by De Candolle *Sclerotium Clavus*, and by Fries *Spermœdia Clavus*. No further change in the ergot occurs while it remains in the ear; but laid on damp earth, interesting phenomena take place. At certain points, small, orbicular patches of the rind fold themselves back, and gradually throw out little white heads. These increase in size, whilst the outer layers of the neighboring tissue gradually lose their firmness and become soft and rather granular, at the same time that the cells, of which they are made up, become empty and extended. In the interior of the ergot, the cells retain their oil drops unaltered. The heads assume a grayish-yellow color, changing to purple, and finally after some weeks stretch themselves towards the light on slender, shining stalks, of a pale, violet color. The stalks often attain an inch in length with a thickness of about half a line." Fluckiger further says: "Ergot of rye collected by myself in August, placed upon earth in a garden-pot and left in the open air unprotected through the winter, began to develop the *Claviceps* on the 20th of March."

Hering calls it an undetermined fungus, and from the doubtful position it has so long held in the world of science, classes it, not without some reason, as a "Nosode;" and when a doubtful point in Materia Medica is to be solved, the opinion of the venerated and scientific Hering is deserving of some consideration.

Nosode, he says: "Is the general term given to the alcoholic extracts of morbid productions, foolishly called isopathic remedies. The most useful and fully proved are Hydrophobinum and Psorinum. To these "Nosodes" belong the Ustilago maidis, the Secale cornutum, the fungus of the potato, the ambra of the pot fish, anthracin, vaccinin, variolin, etc., etc. The sneering remarks of Trinks and others in 1826 against Sepia, and the ignorant opposition to Lachesis have sunken into oblivion during the succeeding score of years. All the condemning remarks against the

Hydrophobinum, Psorinum and other "nosodes" will meet the same fate. We can afford to wait."

Preparation. For homœopathic use the ergot of rye should always be prepared fresh, as it is fed on by a small acarus which destroys the interior of the grain, leaving it a mere shell. Ergot kept in stock longer than a year should always be rejected on this account.

Medical History. Among the writings of the ancients there is no distinct notice to be found of Ergot. In 1089 the French historian, Sigebert, refers to an epidemic in the following passage: "A pestilent year, especially in the western parts of Lorraine, where many persons became putrid, in consequence of their inward parts being consumed by St. Anthony's fire. Their limbs were rotten and became black like coal. They either perished miserably or, deprived of their putrid hands and feet, were reserved for a more miserable life. Moreover, many cripples were afflicted with contraction of the sinews."

An epidemic disease in Hessia in 1596 first attracted the attention of the medical profession to Ergot as a cause. Rathlaw, a Dutch accoucher, employed it in 1747, but it was not until thirty years later—1777—that the essays of Desgranges, and especially those of Stearns and Prescott in the United States, that its medicinal properties became known.

To the use of rye flour, more or less adulterated with Ergot, is attributed the formidable disease known in modern medicine as *Ergotism*, but in early times by a number of names, *Morbus Spasmodicus, Convulsivus, Malignus, Epidemicus vel Cerealis, Convulsio Raphania, Ignis Sancti Antonia.* There is now little doubt that the terrible epidemics which occurred in France in the tenth century and in Spain in the twelfth century were due to Ergot. Fluckiger and Hanbury say: "In the year 1596 Hessia and the adjoining regions were ravaged by a frightful pestilence, which the medical faculty of Marburg attributed to the

presence of Ergot in the cereals consumed by the population. The same disease appeared in France in 1630; in Voigtland, Saxony, in the years 1648, 1649 and 1675; again in various parts of France in 1650, 1670 and 1674. Freiburg and vicinity were visited by the same malady in 1702; other parts of Switzerland in 1715–16; Saxony and Lusatia in 1716; many other districts of Germany in 1717, 1722, 1736 and 1741–42. The last European epidemic occurred after the rainy season of 1816 in Lorraine and Burgundy, and proved very fatal among the poorer classes."

From time to time a number of monographs giving a more or less accurate description of the various epidemics supposed to have been caused chiefly by Ergot and other adulterations in France, Germany and Switzerland have appeared. In 1825, the year previous to his departure for South America, Hering made a collection of these monographs which he left with Trinks, who had it completed by one of his assistants and published. These comprise the first 80 of the 170 authorities of the *encyclopœdia*, taken from Hartlaub and Trinks. The later additions are chiefly toxicological and clinical.

Dr. R. B. Johnstone, of Pittsford, N. Y., writes: "In 1883–84, during the building of the West Shore R. R., I was called upon to treat many of the Italian employees for an eruption which appeared upon the body in many places, but usually on the shoulders, neck and inner surface of the upper arms. In the majority of cases it was on the right side alone, but if on both sides was always worse on the right. The eruption would begin in a small point, like the prick of a pin, which would soon assume a pimple-like form and finally become pustular and as large as a small pea. At other times they would appear as large as a small boil (half an inch across the base), of a dark bluish hue, shading off to the healthy color of the skin an inch or more from centre of boil. They were *intensely painful to touch, aching, burning and itching, better from light rubbing*, worse

from scratching, worse from heat. The small ones would dry up, leaving no cicatrix, but the large ones would fill slowly with a bright yellow pus-like material, or at times a bloody, watery serum, remaining open for days, having extremely painful edges and base, and discharging towards its close a thick, dirty, offensive serum. They were decidedly indolent in character, and left a prominent cicatrix. Cool air blowing over the eruption would relieve the itching and burning, but not the pain. Secale, Lachesis, Causticum were the remedies chiefly indicated. Having learned that the Italians ate largely of rye bread made of a very poor and cheap quality of flour, while other nationalities (not eating the rye bread) did not suffer from it at all, I attributed the eruption to poisoning by *Ergot* in the bread; and if a patient presented without an interpreter I usually gave Secale, which would cure about seven cases in ten."

"H. G. K.—A miller of Pittsford, N. Y., informs me that he is unable to grind rye even for a short time. Upon entering a rye mill, had a sensation of constriction in the throat, great difficulty of breathing; difficult inspiration; expiration accompanied by soreness all over the chest; oppression of the chest; soreness of the chest; intercostal pains; pricking of the tongue.

"The foregoing symptoms are distinctively of rye grinding; when grinding wheat no symptoms follow. He also informs me that in two rye mills in Rochester he knows a number of individuals engaged therein who suffer as above with the addition of an eruption particularly on the neck, chest, behind the ears and around the waist. The eruption is pustular, itching violently, and discharges a yellow matter. One man he knew who was compelled to give up rye grinding because of the many *boils* and *carbuncles*. He recovered entirely after changing his occupation. Nearly all rye grinders have enlarged finger points and poor *teeth.*"

DAY BOOK OF MRS. M. F. HATHAWAY.

March 6, 1885. Took a powder (Secale 200) every morning and at night on retiring, for three days, then at night only, for a week.

March 9. A sore spot felt on back part of base of tongue, left side, as though a "canker sore" were making its appearance; it was not felt in day time and passed away after a few days.

March 10 and 11. A slight frontal headache and some mental confusion, but not very troublesome. Sore spot on base of tongue, right side.

March 13. Spots with a sore bruised feeling appeared about and below the left knee. On looking found a swollen patch about the size of a silver half dollar, of a purple red color. Towards evening three or more similar spots appeared farther down the leg, about the top of the shoe, so sore could scarcely bear the touch of the shoe, and attended with violent itching, but were so extremely sore could not scratch them, and when touched gave me a faint sick feeling.

March 14. Headache and confusion more pronounced, and chiefly in frontal rejoin. Three or four more spots appeared on right leg below the knee, with violent itching and the same sore bruised feeling.

March 15. An eruption in the form of a rash or small pustules appeared on the face, left side chiefly, very sore and sensitive to touch. It would begin in fine points like the prick of a pin or the sting of an insect and gradually increasing in size to a small pustule as large as a pea. Felt like the spots on the legs, with the same sore, bruised feeling in the skin of face and neck. There were twenty-eight small pustules on left side of face and neck.

March 18. The eruption appeared on the left shoulder, several small pustules in a cluster, with the same characteristic soreness. *Ceased taking drug.* Dull, heavy headache *in the forehead and eyes; much* troubling.

Before the menses (four or five days) a dark colored leucorrhœa was observed, not very profuse, but attended with a tired and very uneasy feeling in the pelvis.

April 5. The eruption on face, neck, shoulders gradually disappeared, but left discolored, echymosed spots and patches like the remains of an old bruise for several weeks, especially on lower leg.

April 18. Menses appeared on time, *very profuse* for the first three or four days, accompanied by a good deal of pain and an uneasy sore feeling through the pelvis (much more than usual), but an unusual amount of pain for a week before the menses. Flow darker, much more profuse (formerly profuse for one day) for four days. Considerable clotting. The flow continued for ten days, a circumstance which never occured before. Vertigo during entire menstrual period, with inclination to fall forwards.

Was attacked while at lectures with palpitation which continued nearly all the afternoon. Could feel the heart flutter and remit. Pulse 108 and 110. Violent throbbing of the carotids, faint for several hours. Never had palpitation before in her life. Headache; full, throbbing, bursting, like a Glonoine headache only not so sore on shaking the head.

SYMPTOMATOLOGY.

Mind.

Memory failed. Forgot names of friends whom I met daily[1].

Confusion of mind[1]. Unpleasant forebodings[1].

Anticipated misfortunes, as though about to lose something of great value[1].

Sensation of intoxication while undressing, to retire, (third day and for several successive evenings[3].)

During entire proving I experienced an elevation of spirits, felt buoyant and exhilerated[5].

Head.

Vertigo during entire last menstrual period; inclination to fall forwards.[6]

Head heavy. Sharp stinging pain running upwards through the left eye into forehead and left side of head; coming in paroxysms[7].

A dull, heavy, at times pressing headache, most severe on right side; aggravated in warm room, but not ameliorated in open air[2].

Dull pain on each side of the head, above and before the ears, worse in warm room. At times it was throbbing, and continued with more or less severity for three weeks after leaving off the drug. It was semilateral at times and seemed to prefer the right side and forehead[12].

Feels oppressed; stupid, heavy; aches every night; would waken me at night; ameliorated by eating breakfast and exercise[1].

Could not sleep on account of the fearful oppressive headache, extending from occiput up over head to the eyes[1].

Severe pain in occiput, forehead, temples, back of eyes, aggravated by pressure on nape of neck[1].

Headache aggravated in open air, and first entering warm room; as after riding in cold north wind in winter, when entering warm room the head aches so fearfully[1].

More or less, a dull headache during the entire proving, especially in the forehead and eyes[6].

Head, full, throbbing, bursting, like a Glonoine headache, though not so sore on shaking the head[6].

Outer Head.

Scalp sore; so painful, can not bear to move the hair[1].

Felt as though the hair had been parted in a new place, or pressed by hair pin[1].

Hair looked at roots as though bulbs were enlarged[1].

Scalp slightly pink in irregular spots; pimples appeared over scalp; small, very sore to touch, with slight burning sensation[1].

Face.

Oppressed, full of blood during fever[1].

Face and neck feel hot, as if full of blood and ready to burst[1].

Nose.

Passive morning epistaxis from left side, bright red[5].

Morning nosebleed, something very unusual; left side only, passive, but bright red[5].

Nose stopped up on left side as with a solid plug, but not much discharge[7].

Nose sore to touch externally and internally[7].

Nosebleed not very profuse, recurring for several successive days[10].

Bleeding at the nose on every attempt to wipe it[11].

Tongue.

Coated yellowish brown through the middle, sides clean[1].

Mouth: dry, but seldom thirsty. Burning, dry, sensation, not relieved by drinking. Brackish taste[1].

In the evening (second day) a sore spot felt on the back of the tongue, left side, as though a "canker sore" were making its appearance.[6]

In evening of third day the same sore feeling on the tongue, but on right side. This is not felt at all during the day time[6].

Throat.

Soreness with dryness and sensation of constriction, better by swallowing; symptoms worse mornings[3 9].

Rawness, dryness and constriction of throat, without any pain[4].

Throat sore on left side running up into ear[7 9].

Throat on right side red, sore, with a feeling as if it were constructed of tense and hard fibres, very slightly hoarse[8].

Later throat felt constricted, chiefly on right side; right side and back of throat inflamed, red and "stiff," some pain on swallowing[8]. (I am not inclined to

right sided sore throat, almost all my attacks of the kind being confined to the left side.)

Stomach.

Eructations: having the odor of burnt horn[1].

Appetite much increased; was very hungry, ashamed to eat as much as I desired[1].

Felt as though had dined on chopped cabbage[1].

Nausea after leaving table[1].

Felt too full, fermented; much flatulence[1].

Flatulent rumbling through stomach and bowels[1].

A tired sensation—one of distress and oppression—over region below the stomach, was present much of the time during the proving[1].

Abdomen.

Abdomen much distended[1].

Distension of abdomen; much flatulence as though soon to suffer from diarrhœa[1].

Spasmodic jerking of small intestines near sigmoid flexure as though tied about with strings, which were interruptedly pulled. Worse evening, and better by pressure and lying on affected side. This lasted about three weeks[5].

Bowels felt weak, sick, faint, as in summer from eating too much fruit; no pain but hot and dry internally[1].

Bowels did not pain, and seemingly would have been relieved of heat, dryness, and uncomfortable feeling if I could have drunk water enough to reach them, which I was unable to do. Neither drinking water nor an enema gave relief[1].

Stool.

Constipated; dry, dark, detached, yet difficult to expel[1].

No desire for days; feels as though rectum was full[1].

Frequent stools; light colored, soft[1].

Diarrhœa: stool small, scanty. Almost every time urine was passed *during the day*, a small stool[1].

Constant desire for stool[1].

rinary Organs.

Urine increased in quantity, lighter color, passed more frequently, especially at night. Milky on standing a short time[1].

Pressure in bladder at night[1].

exual Organs.

Sharp pains in left ovarian region, week before menses[1].

Menses a week too soon, (always regular before to a day)[1].

Flow bright red and coagulable; many clots[1].

Offensive in odor; *a cold cadaverous smell*[1].

Before the menses (four or five days) a dark colored leucorrhœa was observed, not very profuse but with a very uneasy feeling about the pelvis[6].

Menses appeared very profuse, lasting for ten days, but only profuse for the first three or four days, accompanied by a great deal of pain and an uneasy sore feeling, (more than usual) and a dull headache during entire proving, especially in forehead and eyes[6].

Catamenia occurred on time. Flow easy, abundant, painless and entirely without clot[8].

Passed a membrane. Period ceased, (fifth day) having been entirely free from discomfort[8].

At second period the flow was of good color, rather fluid, a few clots[8].

Continuous exercise stopped it on the second day, but no backache, headache or other disagreeable symptoms appeared in consequence[8].

Next period appeared at proper time "with few premonotory symptoms" but with a feeling all day as if I *must keep still* or have the flow checked. Passed a membrane. In four days menses ceased. (During the spring months of the past two years have passed membranes at the monthly period, but never before in *consecutive* months.) The flow is usually attended with uneasy feelings and is always *greatly clotted*[8].

Leucorrhœa the week before, discharge like white of egg (many times daily), changed just before menses to a yellowish offensive discharge; irritating; relieved by bathing parts in cold water[1].

After menses sharp pains in uterus and pelvic region, with dragging, bearing down sensation, and aching across small of back[1].

Genital organs feel as if full of hot blood, pressed to their utmost capacity. The surface did not burn, but felt as though blood vessels were filled with hot blood[1].

Uterus prolapsed; region sore to touch. This condition continued for weeks[1].

Menses one week to soon, too profuse, and what is very unusual, attended with much bearing, pressing down pain[2].

Second month, four days to soon, flow darker than customary and offensive, but not clotted; lasts two days longer and is too profuse but not weakening[2].

Vertigo at the time of the menses with pain and heaviness in the pelvis for a week before the menses[6].

Unusual amount of pain and heaviness in pelvis for a week before menses[6].

Flow darker, much more profuse, (formerly profuse for one day only) but this lasted four days[6].

Considerable clotting[6].

Chest and Respiratory Organs.

Lungs during chill felt as though respiration fanned air on a perfectly dry surface; only during chills.[1]

Sharp pains through left chest, especially when walking.

Heart and Pulse.

During the entire proving palpitation of the heart (something I never had before in my life); could feel the heart flutter and remit.[6]

Palpitation nearly all the afternoon.[6]

Violent throbbing of the carotids; faint for several hours.[6]

Was attacked while at lectures with palpitation which continued about eight hours.[6]

Pulse 108 and 110.[6]

Throbbing of the carotids; faint for several hours.[6]

Neck and Back.

Muscles of neck stiff, sore.[1]

Shoulder blades and clavicle lame, as though wrenched or twisted.[1]

Bach aches; feels weak, especially in sacrum.[1]

Sharp, shifting pains in all parts of body.[1]

Extremities.

Have pained me much.[1]

No strength in limbs or between shoulders.[1]

Glad to sit down; too weak to talk; tired.[1]

Upper Extremities.

Shifting pains first through my hands from one finger to another, then through the wrist joint.[1]

Wrist weakened so it was painful to lift weights.[1]

Sensation of burning on left hand as though irritated with Cayenne, warm after rubbing.

Dull, spasmodic pain from shoulder to elbow along median nerve, worse on right side and in morning.[5]

Lower Extremities.

Shifting pains through ankles and knees.[1]

Legs so weak gave out while walking.[1]

Knees so weak could hardly reach top of stairs.[1]

Legs would "give out" suddenly.[1]

Skin.

Several sore pimples, the size of a pin's head, gradually increasing to the size of a pea or larger, appeared on face, worse on right side; lastly, boil, very red, sore, swollen, painful, on right cheek near insertion of masseter muscle.[1]

Made me sick in bed, so fearfully painful; whole face congested and swollen. Discharged much green pus,

finally a *green core* (bright green), and leaving a deep scar, which was long in healing.[1]

On the seventh day several spots with a sore, bruised feeling appeared about and below the knee, the size of a half dollar, of a purple red color; then three or four similar spots appeared further down the leg, about the shoe top, which were so sore could hardly bear the pressure of the shoe. They itched violently but were so sore could not scratch them, and when touched gave me a sick faint feeling.[6]

These first appeared on the left side, then three or four appeared on the right leg.[6]

With them a rash appeared on the face which was very sore and felt like the spots on the legs, only they were smaller, but there was the same sore, bruised feeling in them. It would begin in fine points like the prick of a pin or the sting of an insect, and gradually increase in size to a small pustule as large as a pea.[6]

When spots disappeared they left a blue mark for several weeks, especially on the legs.[6]

Immediately after the same kind of spots appeared on the shoulders, three or four in a cluster, with the same sore, bruised feeling.[6]

The same characteristic spots appeared six weeks later in another proving, twenty-eight of them in all, which were peculiarly sensitive to the touch, accompanied by faintness and nausea. Some resulted in pustules.[6]

Chill.

Chilly sensation from least motion in bed at night, not ameliorated by covering up.[1]

Chilly all over, especially shoulders and back, but do not shiver or shake.[1]

Kept limbs drawn up close to body, are too cold to lie

straightened out; they ache but are too cold to straighten out.[1]

Limbs and whole body ache as though tired and lame, particularly hips and knees.[1]

Get warm about 5 A. M., then hands, chest and back moist with perspiration.[1]

Chill at 11 A. M., lasting three hours.[1]

Chills would creep up and down the back between the shoulders, spreading down and out into the limbs.[1]

Chills in back up and down the spine.[1]

Heat.

Fever followed with great *oppression* of face and head.[1]

Desired fresh air constantly, though walking any distance would aggravate the headache, especially over eyes and through the forehead.[1]

Sweat.

Slight in the morning.[1]

Hands, back and chest moist with perspiration about 5 o'clock in the morning.[1]

Sleep.

Disturbed by distressing dreams. Surrounded by danger, constantly trying to escape evils. Sometimes my family were sick unto death, or the house on fire; again I was pouring water from one bucket into another to free it from lizards and reptiles, that would crawl over the sides of the vessel and endanger my children.[1]

Night after night my dreams would continue of this character. I would waken, my head would be in such distress, not from pain but oppression. I would turn my pillow and change my position to endeavor to forget my dreams, and after some time would again fall asleep, to be awakened by another equally unpleasant dream.[1]

This condition of head and sleep lasted six or seven weeks.[1] (Nov. 17 to Jan. 5).

Generalities.

Many sharp, shifting pains in different parts of body, and stiffness of back and neck as though muscles were swollen close to occiput.[1]

SOCIETIES.

AMERICAN INSTITUTE OF HOMŒOPATHY.

(Forty-second Anniversary.)

Promptly at ten o'clock, June 2, 1885, the gavel of President T. F. Allen, M. D., of New York, called the members of the Institute to order and declared the thirty-eighth session open for the transaction of business. Members were present from nearly all parts of the Union, but as was to have been expected, the west and south-west furnished the principal quota. Beside President Allen, the platform was occupied by Vice-President A. C. Cowperthwaite, M. D., of Iowa City; General Secretary J. C. Burgher, M. D., of Pittsburgh; Provisional Secretary T. M. Strong, M. D., of Ward's Island, N. Y.; and George S. Walker, M. D., of St. Louis, who was introduced by the President, and on behalf of the physicians of St. Louis and vicinity, delivered a brief but eloquent address of welcome, of which the following statistical history of the wanderings of the Institute may not be uninteresting:

"Forty-one years ago, on the 10th of April 1844 (the anniversary of the birthday of the immortal Hahnemann), the American Institute held its first and organic assemblage. On that day, a thousand miles from here, in the metropolis of this continent, it first saw the light; or, rather, I should say, it was not born, but appeared, like a "star in the east," to illumine from afar and win the admiring worship of many "wise men." And again, like the Star of the Nativity, it was not fixed, but a moving body. For two years it lingered in the City of New York, and then, in '46, it shone on the city of Brotherly Love; then, in '47, to Boston; back again, in '48, to New York; again, in '49 to Philadelphia; in '50, up

the River to Albany; in '51, shimmering through the elm-sprays of New Haven; in '52, shining on the monuments of Baltimore; in '53, westward even to Cleveland; in '54, once more adding lustre to that focus of intelligence; the capital of the Empire State; in '55, looking over the Lake from Buffalo; in '56, shining on the national capitol; in '57, glittering over the primitive wilds of Chicago; in '58, back again to civilization, in Brooklyn; in '59, across the Sound once more to Boston; in '60, again in Philadelphia; then under a four-years' cloud of civil war, from which, in '65, it emerged to light up the Queen City—the Paris of America; in '66, almost hidden in the smoke and the begrimmed hills of Pittsburgh; in '67, back again to New York; in '68, brightening the venerable sky of St. Louis; in '69, once more to the "Hub of the Universe;" in '70, another visit to that thriving village by the "Unsalted Sea," yclept Chicago; in '71, over the mountains to Philadelphia; in '72, once more in the city of equestrian statues and magnificent distances; in '73, westward again to Cleveland, that hungry octopus, with its trade-grasping tentaculæ of iron and stone; in '74, shining through the eternal mists of Niagara; in '75, seen in the cool and quiet nooks of Put-in-Bay; in '76, once more in the Quaker City, with the World's Homœopathic Convention and the Centennial Exposition; in '77, back again to its natal sky in New York; in '78, once more shedding its tranquil beams amid the vineyards of Put-in-Bay; in '79, brightening the natural loveliness of Lake George; in '80, westward to slake, by anticipation, its beamy thirst at the amber vats of Gambrinus, in Milwaukee; in '81, reflected in the waves of Brighton Beach; in '82, westward to Indianapolis, where the grandest primeval oaks and elms have given place to steeples and spires and endless fields of maize; in '83, again twinkling upon the beauty and grandeur of the Cataract at Niagara; in '84, peeking into the bosom of the Alleghenies, and bringing a blush upon the modest peaks and quiet glades of Deer Park; and now, in '85, for the second time, on the sunset side of the Mississippi—opening an eye of brilliant admiration upon its wonderful progress in the last seventeen years, a shining witness and token of its "manifest destiny" to the highest inland urban rank—warming the hearts and brightening the homes of the "Future Great." The oscillations remind one of the action of a gigantic "governor;" yielding easily to every impulse, and yet holding under firm and safe control all the motions of the vast machinery of Homœopathy in this country. In this connection it is gratifying to remember that the American Institute of Homœopathy is the earliest example of an organized

professional assemblage, not only in this country, but throughout the world."

President Allen briefly responded on behalf of the Institute, and then delivered his annual address, in which he hastily reviewed the work of the Institute; noted with pleasure the yearly tendency toward the elevation of the exact sciences; the sphere of the specialist was continually becoming of greater importance; noted with regret the large number of members who had died during the year; and suggested the advisability of instituting an extensive series of scientific experiments and observations, to set at rest, if it be possible, the question of "potency" by other than clinical evidence, to demonstrate the pathogenetic effects of the potenized drug upon the healthy. The address was referred to the following committee: H. B. Clarke, M. D., New Bedford, Mass.; Lewis Sherman, M. D., Milwaukee; and Clarence Butler, M. D., Montclair, N. J.

The Treasurer, E. M. Kellogg, M. D., of New York, presented his annual report, showing:

Balance at last report	$ 99 65
Total receipts during the year	3711 50
	$3811 15
Disbursements	3309 27
Balance in Treasury June 1, 1885	$501 88

Report of Executive and Publication Committee was made by J. C. Burgher, M. D. The report of the Necrologist, H. D. Paine, M. D., who was absent in Europe, was made as prepared by J. C. Guernsey, M. D., showing the decease during the year of twenty-one members, as follows:

SENIORS.

Clark, Luther, M. D., Boston, Mass.
Cook, Abijah, P., M. D., Hudson, N. Y.
Cook, Nicholas Francis, M. D., Chicago, Ill.
Cummings, James M., M. D., Portland, Me.
Fuller, Milton, M. D., Boston, Mass.

Joslin Benjamin F., M. D., City of New York, N. Y.
McMannus, Felix R., M. D., Baltimore, Md.
Sawyer, B. E., M. D., Haverhill, Mass.

Those who had not attained seniority in Institute, are:

Bennett, Asahel M., M. D., Rochester, N. Y.
Brooks, Charles G., M. D., Boston, Mass.
Burr, Charles H., M. D., Portland, Me.
Butler, John, M. D., City of New York, N. Y.
Caruthers, Robert E., M. D., Allegheny, Pa.
Crosby, Obed H., M. D., Atlantic City, N. J.
Howard, Ruben L., M. D., Clinton, Ill.
Hoxie, Augustus C., M. D., Buffalo, N. Y.
Ingalls, Frederick W., M. D., Kingston, N. Y.
Lippe, Constantine, M. D., City of New York, N. Y,
Powell, Hans, M. D., City of New York, N. Y.
Valentine, Philo G., M. D., St. Louis, Mo.

Of the deceased Seniors Drs. McManus, Clark and Fuller, were present at the organization of the Institute April 10, 1844.

The Board of Censors made a partial report through R. B. Rush, M. D., acting chairman, recommending nineteen candidates, who were elected to membership. T. Franklin Smith, M. D., was appointed a member of the Board.

A resolution was offered by J. P. Dake, M. D., and amended by I. T. Talbot, M. D., providing "that the Board of Censors shall announce, at least six hours prior to their election, the names and qualifications of candidates for membership;" which, after considerable discussion, was adopted.

Dr. Dudley offered the following resolution:

WHEREAS, The American Medical Association recently adopted a so-called "Interpretation of the consultation clause" of their code of ethics; and,

WHEREAS, Said interpretation contains numerous statements and implications reflecting unfavorably upon the homœopathic profession and calculated to mislead and injure the public; therefore,

Resolved, That a committee of five members be appointed to consider the subject and report on Thursday morning immediately after the report of the Board of Censors.

Drs. P. Dudley, H. B. Clark, S. S. Lungren, C. E. Fisher and A. I. Sawyer, were the committee to which the resolutions were referred.

The Bureau of Organization, Registration and Statistics, through its chairman, A. S. Everett, M. D., Denver, Col., presented an interesting statistical report. The organization of the Southern Homœopathic Society was referred to as a move in the right direction, tending to unite the scattered members of the profession in the Southern States. There are now in existence in the United States, one National, three sectional, twenty-nine State and one hundred and two local societies, twenty-one clubs, and six miscellaneous organizations; twenty-five general and thirty special hospitals, fifty dispensaries, thirteen colleges, two special schools, nineteen medical journals, one thousand and eighty-three students and three hundred and sixty-five graduates the present year; which, taken all in all, may be considered a very favorable showing.

On calling for report of delegates, Dr. Fisher, of Texas, briefly gave the history of the formation of a Southern Association, and claimed in emphatic terms that it would in no way conflict with or detract from the work of the American Institute. Said they had to contend in the South against many opposing elements, among which were the bitterly hostile State Laws, and they needed the moral support of the American Institute in their struggle. J. C. Sanders, M. D., of Cleveland, offered the following resolution which was adopted:

Resolved, That the American Institute looks with pleasure and approval upon the organization of the Southern Homœopathic Medical Association as an auxiliary to this body, and heartily extend to that organization the right hand of fellowship, and God-speed in her work in the South.

It was seconded by O. S. Runnels, M. D., of Indiana-

polis, who warmly commended the object of the Association. Drs. F. H. Orme, of Atlanta, and J. P. Dake, of Nashville, warmly supported the spirit of the report of Dr. Fisher as to the character and object of the New Orleans meeting, and predicted a successful and creditable future for the Association. Dr. Eaton, of Cincinnati, had spent his winters in Florida and traveled extensively through the South, called attention to the many fine locations throughout the South and the strong inducements which it held out to active young men to "go up and possess the land."

Dr. A. I. Sawyer, of Monroe, Michigan, referred to the recent attempt to legislate the new asylum out of homœopathic control, which was defeated in the Senate by a vote of sixteen to eight.

Dr. Edmonds, of St. Louis, gave an account of the new Children's Hospital, which afforded accommodations for sixty patients, and would be entirely free from sectarian control.

Dr. Talbot, of Mass., (represented the oldest homœopathic society in existence, the Massachusetts State Society, organized in 1840) said we should have more thorough and complete organization, and should keep statistics of affairs of a historical character, in our respective States. They were this year collecting a personal record of the members of their State Society in Mass.

Dr. H. K. Bennett, of Fitchburg, Mass., spoke in behalf of the Gynæcological and Surgical Society of Mass.

Dr. Pemberton Dudley represented the Philadelphia Hahnemann College and Hospital, and spoke very encouragingly of the prospects of their new building.

Drs. S. P. Hedges and J. S. Mitchell represented the Cook County Hospital, and its palatial quarters (for the medical staff).

Wm. VonGottschalk, M. D., of Providence, R. I., presented a brief report of the progress of Homœopathy in

the State, and Dr. M. J. Pearman, of St. Louis, reported gratifying progress. All the delegates reported continued prosperity in the profession at large.

AFTERNOON SESSION.

The Bureau or Clinical Medicine was presented by acting chairman, J. S. Mitchell, M. D., of Chicago, in the absence of the chairman, Asa S. Couch, M. D. The special subject for discussion, "Blood Changes," was included in a number of papers, as follows:

"A General View of the Subject," by Dr. A. S. Couch, Fredonia, N. Y.

"Leucocythemia and Hodgkin's Disease," by Dr. J. S. Mitchell, Chicago, Ill.

"Blood Changes in Diseases of the Heart and Lungs," by Dr. J. W. Dowling, New York; read by Dr. Mitchell.

"Progressive Pernicious Anæmia," by Dr. W. H. Dickinson, Des Moines, Ia.; read by Dr. Cowperthwaite.

Dr. Mitchell's paper on "Leucocythemia," was a very interesting one and well presented. The diseases involving true blood changes were rare. He had met four cases of undoubted leucocythemia, one of Hodgkin's disease, two of Addison's disease and three of Graves' disease, but has never seen pernicious anæmia or myxœdema. He regarded them, however, as mutually related, and cited a case of Addison's disease that occurred in Cook County Hospital, which presented the peculiar gelatinoid glandular enlargements of Hodgkin's disease. He also called attention to the nervous weakness and progressive emaciation which sooner or later occurred, which were evidently a tuberculous manifestation. In the cases reported, diarrhœa and dropsy were prominent symptoms, which were relieved by Arsenicum 6x, and the icterus seemed to disappear with the dropsy. He quoted from old-shool authorities cases in which Fowler's solution in four-drop doses, and the same amount injected into the glands was curative. Arsenic, Calcarea, China, Iodine and Phosphorus, were prospective

remedies. Galvanism was said to reduce the size of the spleen, but splenotomy was contra-indicated. Thought a careful trial (?) of remedies according to the law of Similia, would aid us in taking these diseases from the fatal list.

Dr. J. D. Buck, of Cincinnati, thought there was not sufficient atttention paid the pathology of these conditions. Mal-nutrition he considered to be the beginning of most cases, and an accurate knowledge of the physiological and pathological process going on, recognized in the earlier stages, might enable us to arrest them. Doubted if medicines would relieve a well marked case.

Dr. H. C. Allen, of Ann Arbor, objected strongly to the use of Arsenic as a cure for anæmia. Said it was impossible to accurately prescribe a remedy for the name of a disease. If Arsenicum was called for by the symptoms of the patient, it would, in all probability cure.

Dr. A. R. Wright, of Buffalo, reported several cases in which change of air, scenery, etc., had been of more benefit than medicine, or anything else.

Dr. Wm. Owens, of Cincinnati, thought the conditions mentioned should simply be considered symptomatic. They very often, if not always, were traceable to some inherent predisposition, possibly inherited. Had obtained good results from Scilla mar.

Dr. Charles E. Walton referred to an autopsy where death had occurred from pernicious anæmia, in which the liver, kidneys and spleen were all affected, the cystic duct was obstructed, but there was no abnormal changes in the lungs. Under old-school treatment, the patient had taken Fowler's Solution and Arsenic in various preparations, without any benefit, showing that Arsenic was not the remedy in every case.

Dr. Wanstall, of Baltimore, also participated in the discussion, which was closed by Dr. Mitchell.

The Bureau of Medical Education was the next, and

the chairman, Dr. H. C. Allen, of Ann Arbor, presented as a topic for discussion "The Relation of Preceptor to Pupil," which led to one of the most interesting discussions of the session, participated in by Drs. J. C. Burgher, of Pittsburgh; L. C. Grosvenor, of Chicago; Pemberton Dudley, of Philadelphia; J. D. Buck, of Cincinnati; I. T. Talbot, of Boston; D. S. Smith, of Chicago; and J. E. James, of Philadelphia. Dr. R. Ludlam said that when attending the Institute he had made it a point not to participate in the discussion of certain chronic subjects, among which were the curability of ague by the higher potencies, the use of the obstetric binder, the tying of the cord, and medical education; for it generally happens that when the members have nothing else to talk about and very little to say, they take up these particular subjects. Although he had been a medical teacher for a quarter of a century, he had never taken up the time of the Institute in the annual debate on medical education. But now he was impelled to speak, as something practical was likely to grow out of it. Dr. Talbot had very kindly alluded to the Illinois State Board of Health in this discussion, and having been a member of that Board ever since its organization, he had a deep interest in its work. He felt that it was something of which to be proud, that a Western State had taken the iniative in this work and that it had already done so much in this direction. He was also pleased that the dignity and character of the American Institute were about to be added to the many endorsements which the Board had already received, and was satisfied that such a move would accomplish more in the interests of a higher medical education than any amount of fault-finding, either with the colleges, professors, preceptors, or pupils that are sent to the schools. If this National Body will insist upon the requirements for the admission of students to the colleges, and for their instruction after they have matriculated, first drawn by the Illinois State Board of Health, our branch

of the profession will really be elevated, and all will be gainers thereby.

Dr. T. F. Allen spoke of the great interest which was being manifested in medical education, and especially in Homœopathy, by the Brahmins of India, a class which hitherto had taken no part or lot with us. One of their number was now being educated in this country, and it was a hopeful sign—one fuil of encouragement.

EVENING SESSION.

At eight o'clock the Bureau of Obstetrics was presented by Dr. L. S. Ordway, of St. Louis. The subject was "Dystocia;" and included the following papers:

"Preparation of the Pregnant Woman, with a view of Reducing Dystocia to a Minimum," by the chairman.

"Conditions and Causes of Dystocia in the First Stage of Labor and its Remedies," by Dr. C. E. Fisher, Austin, Tex.

"Mechanical Assistance in Dystocia in the First Stage of Labor," by Dr. J. N. Mitchell, Philadelphia.

"Statistics of Pelvic Dystocia," by Dr. G. B. Peck, Providence, R. I.

"The Use of Instruments in the Second Stage," by Dr. S. Leavitt, Chicago.

"Placenta Previa," by Dr. C. G. Higbee, St. Paul, Minn.

"Dystocia on Account of Growths and Tumors," by Dr. J. C. Sanders. Cleveland, O.

"Therapeutics of Dystocia in the Second Stage," by Dr. C. H. Coggswell, Cedar Rapids, Ia.

Dr. Ordway claimed that the increase of Dystocia is largely due to the artificial mode of living, or the artificial aids employed by the women of the present day. He referred in particular to the dissipations of the modern society belle and the methods to which she resorts in order to please, all of which tended to produce malformations and abnormalities—the immediate cause of Dystocia. In a broad sense, Dystocia generally is due to a violation of the laws of nature (traumatism excepted). The causes, sooner or later, produced the anatomical changes which

take place in the pelvic organs, thus interfering with natural labor. In the matter of treatment, he claimed that every case can be benefitted by medication, a generous diet, the use of hip baths, and water in various ways. Remedies mentioned were Actea, Apis, Apocynum, Caulophyllum, which were to be given daily, and Ergot, if at all, in thirty or sixty drops at a dose.

Dr. Mitchell, of Philadelphia, in discussing Dystocia requiring mechanical assistance, gave the following as prominent causes:

1. Organic diseases of the cervix, such as hypertrophy, occlusion from false membranes, fibroid and ovarian tumors and cancer.
2. Closure of the cervix from cicatricial atresia.
3. Firm adhesions of the membrane to the walls of the uterus around the os internum, interfering with the stretching of the lower segment of the uterus.
4. Over-distension of the uterus from excess of amnoitic fluid.
5. Defective, short, cramp-like pains.
6. Premature rupture of the waters.
7. Thickening of the os from œdema.
8. Spastic annular contraction.
9. By the cervix not being in the line of the extension.
10. Contraction of the pelvis at the brim or presentation of some part which does not produce equal pressure.
11. An over-loaded condition of the rectum or bladder.

Evidently the first essential is a correct diagnosis, and the old-time notion that a difficult and protracted labor is not injurious to the mother or child, is not borne out by recent statistics.

From his statistics of pelvic Dystocia Dr. George B. Peck drew the following conclusions: "One physician in four who practices eighteen years *may* meet a case, and this, with rare exceptions, will occur in a woman of foreign parentage and belonging to the peasant class. Diminution of the conjugate diameter and contraction of the pelvis are the most frequent causes of the trouble. Craniotomy and the forceps were the means by which most of the reported labors were terminated; version was particularly

unfavorable. The treatment in any case of Dystocia ascribed to disparity in size or shape between the pelvic canal and the fœtal head, should be: (1) manipulation and change of the natural position; (2) forceps, if necessary; (3) cranitomy, if possible; (4) Cæsarian section or laparo-elytrotomy, with a possible substitution of one or the other for cranitomy if the accoucher happens to be a surgeon."

Placenta previa was presented by Dr. Higbee, of St. Paul, and gave in a brief discussion of the subject, his experience with the use of the Faradic current to control hæmorrhage. Recommended the use of the forceps after the escape of the waters, and cited two successful cases of manual version. He does not use Ergot.

Dr. J. C. Sanders gave a very thorough and differential description of the various growths and tumors in the uterine cavity and their practical relation to Dystocia.

In the discussion of the papers Dr. Grosvenor thought the points made in Dr. Ordway's paper were good ones, and contended that the mental condition of the mother previous to the confinement was of the utmost importance.

Dr. Wm. Owen cited a case of placenta previa, in which the membranes had been only partially ruptured and the waters escaped slowly. Proper medication was resorted to and the pains did not come on until the third day.

Dr. Dudley endorsed the action of Actea rac. in cases of Dystocia due to rigidity of the os.

Dr. Edmonds entered an emphatic protest against giving a woman medicine simply because she is pregnant. Hygiene of pregnancy is all well enough, but he protested against medicating because she is going to have a baby.

Dr. Phil. Porter protested against the use of thirty or sixty drop doses of Ergot, and did not think it should be published to the world that a Homœopathist could recommend such a dose. Lacerations were almost unknown before this dangerous drug was put into the hands of careless and unskilful obstetricians by our allopathic friends.

Dr. W. E. Green said that he had very frequently used Actea rac. to arrest threatened labor, and usually with success. Thought it superior to Caulophyllum.

Mrs. Julia H. Smith, M. D., said: The arguments offered in the papers we have listened to this evening, referring the causes of *Dystocia* to the manner of dress prescribed by modern civilization, seems to me fallacious.

Painful parturition existed long before our civilization. Witness the many references in the Bible, dating back five thousand years—to the "pangs of a woman with child." When the prophets, and poets, and historians of the old testament wished to indicate the greatest possible agony, allusion was invariably to the "travail of a woman with child."

Again, in a series of papers which appeared in the *American Journal of Obstetrics*, on labor among primitive peoples, we find references to the manipulations and illustrations of the appliances used to facilitate the expulsion of the *fœtus*, which could only have originated in the presence of a felt need. If labor had been painless, why these artificial aids?

These "primitive people" many of whom were clothed only to the loins, and entirely guiltless of any sin against the symmetry of the human form divine, were victims of the same Dystocia, which has called forth this evening the sentimental expressions of tenderness from the gentlemen obstetricians, and thus led to the suggestion of a multiplicity of rules in regard to diet, exercise and sleep, as aids to a painless parturition.

One naturally feels grateful for this interest, but the theory which considers pregnancy a state of invalidism, and therefore needing medication and special hygiene, is untenable. Men, and women too, should under all circumstances, observe sanitary rules suggested by common sense, but a pregnant woman is not any more holden to this duty than the non-pregnant. A woman with child is but fulfil-

ing the law of her being; any abnormal symptoms which may arise during gestation should be treated with proper remedies, and the prospective mother should think as little of herself as possible. Sickly sentimentality under these circumstances, as in all others, is worse than useless.

Concerning the value of Actea rac. I have but little to offer. Caulophyllum, however given during the latter month, has seemed in some instances to prolong gestation, but it is always to be remembered that it is very difficult to be certain of the date of conception, so that the prolongation of the term may have only been a "seeming." During my connection of three years with the "Erring Woman's Refuge," I saw as many cases of nearly painless partutrition among these sinful women, who had broken all rules of hygiene and resorted to tight lacing, high heels, bustles and heavy skirts, to increase the apparent value of their charms, as among happy, wealthy wives who had carefully followed all directions to secure an easy labor.

Verily, 'tis the duty and privilege of women to bear children. If pain comes, let the mother bravely endure it, knowing it is, at worst, but a brief, hard struggle toward a supreme content.

Dr. J. D. Buck strongly recommended the free use of the sitz bath in Dystocia, and illustrated by giving a case showing its successful application, in which a lady had used the sitz bath daily during pregnancy, had a rapid, painless labor; the next day after confinement had taken her sitz bath as usual and in three days was sitting up, entirely recovered and as well as ever.

Dr. L. S. Ordway closed the discussion on the Bureau.

Dr. H. M. Paine, of Albany, read a paper on medical legislation and the formation of examining boards containing many points of value to the profession, to which Dr. Sawyer raised the point of order that it had been read in the New York State Society, and was not admissible here.

The point was sustained by the Chair, and after some discussion the paper was referred to the committee appointed this morning on interpretation of the allopathic Code of Ethics.

Adjourned to Wednesday morning at 10 o'clock.

WEDNESDAY—MORNING SESSION.

Report of Board of Censors and election of members whose names had been announced yesterday.

The Auditing Committee made their report, which was accepted. The chairman, Dr. D. S. Smith, recommended the appointment of a committee to procure a suitable testamonial to be presented the Treasurer for his long and valuable services. The Vice-President appointed Drs. I. T. Talbot, H. C. Houghton and H. C. Allen.

Dr. G. B. Peck moved that the rules be suspended and the Bureau of Obstetrics re-opened to permit the introduction of "Cæsarian Section vs. Craniotomy," which was discussed by Dr. Lungren, who gave some valuable statistics in favor of Cæsarian Section as now performed by American practitioners.

The committee on the President's Address were unable to agree on the recommendation concerning the investigation of the development of drug-power by attenuation. Dr. Clark, of Mass., favoring the appointment of a special committee to carry out the experiments, while Drs. Butler and Sherman favored the division of the subject into the pharmaceutical and pathogenetic phases of it. After a spirited discussion by Drs. Clark, Butler, Sherman, Drake, Buck, Fisher, Dudley, Allen of New York, Allen of Ann Arbor, and Owens, the subject was divided, the pharmaceutical part was referred to the Bureau of Pharmacology, and that referring to the production of drug symptoms on the healthy organism by the potentized drug, to the committee on Drug Provings.

Bureau of Microscopy was presented by the chairman, Dr. A. R. Wright, of Buffalo, the subject being "Bacteria in its Relation to Disease." Instead of presenting individual papers, a digest of the literature of Bacteriology for the past year, prepared by the Secretry of the Bureau, Dr. W. Y. Cowl, of New York, was offered. The following are some of the prominent points noted:

1. "Results of investigation on Koch's Tubercle Bacillus, how propagated, and the infection of healthy subjects through the dry sputa of tuberculous phthisis."

2. "On Fumigation of Infected Clothing with Chlorine and Bromine."

3. "On the developement of Anthrax bacillus, its culture and Pasteur's vaccination."

4. "The ætiology of suppuration and the minimum quantity of an antiseptic required to arrest the developement of Bacteria."

5. "Pure Cultures for Bacteria," by Dr. W. A. Haupt, Chemnitz, Saxony.

6. "Bacteria in the Healthy Mouth and Throat," by Dr. J. C. Morgan, Philadelphia.

Dr. Dake was pleased with the scientific value of the report. Believed it was in the right direction.

Dr. Buck thought we should follow this line of scientific investigation; was sorry to hear Homœopaths ridicule it as a waste of time; should be careful not to confound the bacillus as a cause and as an effect of disease, as it had not been demonstrated that they were the cause, but did not see how we were to distinguish between them. To really know the cause of disease we must go below and beyond the microscope.

Dr. T. F. Allen spoke strongly in favor of the expectent plan in the management of zymotic disease, which according to recent reports of the French Academy, were highly satisfactory. That quinine was universally and invariably injurious, if not fatal; and the symptomatic or homœopathic the most successful known. Did not think it possible for the homœopathic, or any other remedy, to arrest

any zymotic disease, but it was extremely difficult to distinguish between zymotic and other diseases.

Dr. S. R. Dubbs, Doylestown, Pa., did not believe in bacteria as a cause of disease. Was more likely to be an effect than cause; as in cancer, it was not until after the tissues were broken down that the maggot appeared. In diphtheria the bacillus was not found in the early stages. Had procured a powerful microscope (said to magnify 10,000 diameters, but as he got it from Chicago was not certain of it) to investigate the subject, but had not found the bacillus.

AFTERNOON SESSION.

Bureau of Sanitary Science, L. C. Grosvenor acting chairman, in absence of chairman, on account of sickness, read a synopsis of an admirable paper on the "Decline of Man," by Dr. Beckwith, in which means and ways are given that may prolong existence with the highest degree of health. The decline of man is fixed at sixty, at which vitality lessens and susceptibility to errors in diet and climatic changes are increased. Suggestions are given as to eating, drinking, exercising, clothing and business methods, in order to sustain the vitality of the system. To prolong life, a knowledge of the laws of life and health is necessary, because nature provides for those who provide for themselves.

"Hygiene of the Superstitious Age," by Dr. H. E. Beebe, Sidney, O., was interesting, and went to show that superstition in matters of sanitation had not all disappeared if we were to judge by the faith cure asylums and hospitals recently erected in this city and elsewhere.

"Hygiene of Manhood," by Dr. C. M. Dake, Hot Springs, Ark.

"Hygiene of Infancy," by Dr. L. C. Grosvenor, Chicago, was one of the most interesting of the Bureau, and elicited much discussion. It made a practical comparison of the causes which tended to make a healthy or sickly

child, and the extra care the mother should take at this period, always remembering that she has to eat for two. His favorite rule of diet was a bowl of oat meal (well cooked) in the morning on rising, breakfast with the family, a cup of cocoa in forenoon, the regular dinner, something in mid-afternoon, supper, and a baked sweet apple at night on retiring. Abundant exercise and an out-door life were strongly recommended.

Dr. Dudley said the farmer could give us some practical lessons in the hygiene of the young. He was careful not to allow a young colt nourishment while its mother was heated or tired from exercise. We little knew the true significance of "tired milk" or "angry milk," giving an instance in which a child died the next day of cholera infantum, after nursing a mother who was suffering from a violent fit of anger; and yet, many a mother tired with walking or hard work, would sit down and nurse her child. He took exceptions to the rules laid down in the paper that they were better intended for ladies in affluence than those whose husbands had a limited income and were themselves compelled to work to keep the wolf from the door.

Dr. Foote asked for the conditions of weaning a child.

Dr. Dudley replied that he had no cast-iron rule. It depended upon circumstances of child and mother.

Dr. Mitchell, of Chicago, thought the members under many obligations to Dr. Grosvenor for his valuable and practical suggestions. He paid untiring attention to his specialty, and was repaid by having the largest obstetric practice he had ever known any man to have. Objected to condensed milk for babies.

Dr. Grosvenor, when asked if he recommended beer to nursing mothers "to make milk," replied: "If you wanted good milk for a baby, you would search the entire neighborhood for a cow not fed on distillery slops. How can a mother make milk out of it any better than the cow can?"

Bureau of Ophthalmology and Otology, through the chairman, Dr. H. C. Houghton, of New York, presented the following papers:

"Hydrogen Peroxide," by Dr. Wanstall, Baltimore, Md.

"New Remedies and New Methods of Treatment," by Dr. H. C. Houghton, New York.

"Post-diphtheritic Paresis and Paralysis," by Dr. J. A. Campbell, St. Louis, Mo.

The papers were discussed by Drs. McGuire, Houghton, Wanstall and Campbell.

EVENING SESSION.

Bureau of Gynæcology, Dr. Phil. Porter chairman, presented a synopsis of the papers which will be found in our Gynæcological Journal in full. This Bureau was the most complete of any presented at this session of the Institute. With one exception, every member was present and every member had a paper. The discussion was spirited and "warlike."

THURSDAY—MORNING SESSION.

Report of the Board of Censors and election of candidates recommended.

The Bureau of Pharmacy was represented by only one member, and had no report to make. The only legitimate conclusion to be drawn from this is, that the "Augean Stable," supposed to have been found in our pharmaceutical preparations, has been cleansed. If so, then the Bureau having accomplished its object, is no longer needed in the work of the Institute, and may as well be disbanded.

Dr. F. H. Orme, chairman of the "Committee on Medical Literature," and Dr. C. B. Knerr, chairman of the Committee on Foreign Correspondence, made their reports, which were accepted.

Dr. Dudley, chairman of the committee appointed Tuesday, to whom were referred the resolutions on the "new

interpretation" of the allopathic Code of Ethics, made the following report, which was unanimously adopted:

WHEREAS, The American (Allopathic) Medical Association recently adopted a so-called "interpretation" of the "consultation clause" of their code of ethics; and,

WHEREAS, Said interpretation contains statements and implications calculated to mislead the public; therefore, the American Institute of Homœopathy deems it proper to place on record the following statement:

1. The "interpretation" claims that "no article or clause in the (allopathic) code of ethics interferes with the most perfect liberty of individual opinion and practice;" yet clause 1, of article 4, explicitly forbids consultation with physicians who employ a certain mode of "practice" or "whose practice is based upon" a certain kind of "dogma" or "opinion."

2. The interpretation declares that the (allopathic) code "does not interdict, *under any circumstances*, the rendering of professional services wherever there is pressing or immediate need of them;" yet the same paragraph declares that "*no circumstances can* make it proper to enter into professional consultation with physicians" of a certain class or kind.

3. The "interpretation" insinuates that homœopathic physicians have "voluntarily disconnected themselves" from the mass of the medical profession by "assuming a title indicating an exclusive or sectarian system of practice." The fact is that the disconnection of homœopathists from allopathic societies, in the first place, was enforced, and not voluntary, and this, in many cases, before any special title had been assumed. Moreover, allopathists have themselves assumed an exclusive and sectarian title —that of "regular"—and this, not to enlighten the public in regard to their mode of practice, but largely to cast an implied imputation upon the professional character and status of other physicians.

4. The "interpretation" intimates that the physicians ostracised by the allopathic school "belong to a party antagonistic to the general medical profession." We reply that the antagonism between the schools began with allopathic efforts to ostracise, calumniate and otherwise persecute physicians holding different opinions, and to this day the antagonism has on our part been limited to measures necessary for self-defence.

The committee also reported on the resolutions of Dr.

H. M. Paine on the "Medical License Laws," the following resolutions:

WHEREAS, The American Medical Association and various State Allopathic Medical Societies have made numerous attempts to obtain legal control of the profession of medicine by securing the enactment of laws creating State Licensing Boards, composed in whole or in large majority of members of the allopathic school of physicians; and

WHEREAS, The American Medical Association has recently adopted a resolution urging that steps be taken to secure such legislation in all the States of the Union, whereby allopathic physicians will secure practical control of the licensing power; therefore,

Resolved, That it is the sense of the American Institute of Homœopathy that all legislation which proposes to place the licensing of homœopathic physicians, either wholly or partially, under the control of those known to be inimical to the practice of Homœopathy should be vigorously opposed in all the States.

Resolved, That the friends of Homœopathy in each State, and the friends of equal rights in the several State Legislatures, are respectfully urged to use all honorable means to prevent invidious discrimination in the licensing of medical practitioners.

The Bureau of Anatomy, Physiology and Pathology, was presented by the chairman, Dr. Wm. Owens, of Cincinnati, O. The general subject was Insanity, on which the following papers were presented:

"The Study of Insanity, its Ætiology and Pathology," by Dr. Wm. Owens.

"On the Effects of Alcoholic Beverages," by Dr. J. W. Morris, Wheeling, W. Va.

"What is Insanity?" By Dr. S. Lilienthal, New York.

"Alcoholism and its Concomitant Irritants as a cause of Mental Aberration," by Dr. Geo. F. Foote, Stamford, Conn.

The papers of this Bureau will prove a very valuable addition to our literature on the relation of alcohol and allied nervous stimulants to insanity. Dr. Morris shows by comparison that the mental phenomena occurring in insanity, are identical with those that take place under the influence of alcohol, from the iniatory stages of the affec-

tion to the termination in the loss of mental tone, mania, dementia and complete paralysis. Post-mortem examinations also show extensive organic lesions in one or more of the vital organs, of a similar character in each class of victims.

Dr. Foote affirms that, like other causes of insanity, alcohol and all irritating and narcotic substances have their consecutive stages of development; that begun in early life they create artificial appetites and habits in direct violation of natural laws of life; inaugurate desires and tastes that are injurious to health and lead to further indulgences which increase by almost imperceptable though regular degrees, to the complete degredation of the moral sense and its irrisistable suicidal tendencies. In this list he also includes tobacco, pepper, spices and condiments in general, as not only predisposing, but exciting causes of insanity. He concludes an able paper by some comparisons between homœopathic and allopathic therapeutics, in its treatment.

Dr. E. H. Pratt, of Chicago, cited a case in which insanity was the result of direct irritation of a spinal nerve; and another case in which insanity was caused by a lacerated cervix, and which was relieved by an operation.

Dr. A. A. Whipple, Quincy, Ill., related a case of insanity in which a glass pessary had been worn in the vagina for twenty-eight years, but removal did not afford immediate relief.

Dr. T. F. Smith, of New York, reported a case of epilepsy caused by an injury of a limb, in which the surgeon wanted to amputate, believing the injury the cause of the disease.

The discussion was closed by the chairman, Dr. Owens.

The Committee on Drug Provings, Dr. D. J. McGuire, chairman, presented its first annual report, which was read by Dr. Sherman, of Milwaukee. Upwards of eighty persons volunteered to make provings. Some have reported nothing worthy of record, while others have made valuable

provings, and others were still in progress. In connection with the report, Dr. McGuire read a partial proving of Stannum. The committee had offered prizes for provings, a fund having been raised by individual contributions. Discussion by Drs. Dake, H. C. Allen, Woodward, Dudley, McGuire, and T. F. Allen.

The President appointed Dr. Camp, of Minneapolis, a member of the Committee on Drug Provings for seven years, in place of Dr. McGuire, whose term expired by limitation.

The hour having arrived for the election of officers, Dr. Dake moved that nominations for all officers, except the Censors, be made by informal ballot. This was the method adopted years ago, and he saw excellent reasons for returning to it. The motion was unanimously adopted, and Drs. T. F. Smith, Obetz and Hobart, were appointed tellers.

The following were elected:

President—Dr. O. S. Runnels, Indianapolis, Ind.

Vice-President—Dr. A. I. Sawyer, Monroe, Mich.

General Secretary—Dr. J. C. Burgher, Pittsburgh, Pa.

Provisional Secretary—Dr. T. M. Strong, Ward's Island, N. Y.

Treasurer—Dr. E. M. Kellogg, New York.

Censors—Drs. R. B. Rush, Salem, O.; D. S. Smith, Chicago, Ill.; F. H. Orme, Atlanta, Ga.; A. R. Wright, Buffalo, N. Y.; H. B. Clark, New Bedford, Mass.

The committee on a proposed testimonial to Dr. E. M. Kellogg, for his long, efficient and conscientious labors as Treasurer of the Institute for nineteen years, made the following report:

The committee unite in the recommendation that $500 be voted to Dr. Kellogg, not as a compensation for his labors, but as a testimonial of the Institute's appreciation of and gratitude for his eminent services. The recommendation was unanimously adopted, and the Dr. responded in a characteristic speech, in which he promised to "dun 'em" as usual.

The next order of business was the selection of a place of meeting for 1886. Saratoga Springs, N. Y., White Sulpher Springs, Va., Cape May, N. J., and Washington, D. C., were put in nomination. Saratoga was selected.

Dr. Edward Blake, of London, England, was unanimously elected a corresponding member of the Institute.

AFTERNOON SESSION.

The Bureau of Materia Medica, in the absence of the chairman, Dr. E. A. Farrington, reported through Dr. A. C. Cowperthwaite, of Iowa City, the following papers:

"Secale Cornutum," by Dr. H. C. Allen, Ann Arbor, Mich.
"Lycopus Virginica," by Dr. A. C. Cowperthwaite, Iowa City.
"Alcohol and Glonoine," by Dr. S. Lilienthal, New York.

It is a significant fact and worthy of note that the Bureau of Materia Medica "went by the board" *without discussion*, an honor accorded the report of no other bureau.

Dr. J. P. Dake, as American Editor on the "Revision of the Materia Medica," made the following report:

It is proper that, as your representative in the editorial corps of the *Cyclopædia of Drug Pathogeney*, I should speak of the progress and prospects of the great work of Materia Medica revision, for which rules were formulated and adopted jointly by this body and the British Homœopathic Society.

Immediately after the adjournment at Deer Park, Dr. Hughes left for home with the understanding that the books and manuscripts, necessary for reference, should be gathered, as far as possible, in his studio, and that the entire work of condensation should be performed by him and his associates. It was also agreed that the printing should be done under his immediate supervision.

I should here remark, that with one of the most complete private libraries, bearing upon Materia Medica, and within easy reach of the great public libraries of London, Oxford and Cambridge, Dr. Hughes was most favorably situated for doing the work assigned. And not only were his circumstances favorable—his personal qualifications were fully in keeping with them. He had long devoted a thoroughly trained mind, second to none in this generation in its accumulated stores of medical knowledge, to the study and proper presentation of Materia Medica. He was famil-

iar with the leading languages in which the literature of medicine had mostly been produced; and he was favored with a most perfect and well-cultivated physical constitution, one equal to the severest mental effort.

Thus qualified and situated Dr. Hughes began to gather, sift and condense the narrations of drug effects. Where the application of the rules, laid down for our guidance, seemed difficult and the way was not clear, the matter was referred to me, and, at times, also to our consultative committees in this country and in England.

Some slight differences of opinion have been developed, as the work has gone forward; but there has been no essential disagreement as to the matter and manner of the first section or number, as presented to the members of this society.

Dr. Hughes had manuscript copy enough ready to make the second number; but we considered it best, after delivery of the first, to await the pleasure of our national societies.

It is proposed to complete numbers two and three during the current year.

The editorial work being done without adding to the cost of publication, the volume, consisting of four numbers, could be furnished at about two dollars and fifty cents, or half a pound each. So far as printed, the work is stereotyped.

The editors have regarded the publication as virtually the property of the American Institute and the British Homœopathic Society.

We now ask your pleasure. Shall we go on, as we have begun, as your willing servants in this matter?

If we go on, how shall the cost of the publication be provided for?

At this point I desire to say, in answer to some comments that may be made, that this work differs from all other medical publications in several respects, and is of such a peculiar character as to entitle it to society support and guardianship.

1. Its plan and the rules for its production were formed and promulgated by this national organization and the British Homœopathic Society.

2. Its editors and consultative committees were appointed by the same bodies.

3. Its editors and printers have no moneyed interest in it beyond the sums advanced for composition, paper, press-work, and postage,

4. It stands, in relation to other publications in medicine, very much as the Bible does among other Christian books, a common source of light to every medical writer, teacher and practitioner.

5. Its purity, its reliability, and the safety as well as success of those who in any way depend upon its teachings, should not be in the keeping or ownership of any individual author or publisher.

6. Its cost to the profession, issued as begun, would be about one-half what the price would be if issued by, or in the interest of any individual or publishing firm.

The bare mention of these several points of comparison must convince any candid mind that the claims of this work upon society recognition and control, are very different from those of any other work.

As to what may be the fate of the *Cyclopædia*, in case society support is not continued, I am not prepared to say. If the undertaking should be dropped, it is the loss of the profession, not of Dr. Hughes or myself, nor of our committees. We are no more dependent upon the purity of the Materia Medica than is each writer and teacher and practitioner of Homœopathy.

If the work goes on as begun, and results in four or five volumes, made up in facts of drug-pathogenesy, symptoms safely referable to the respective drugs brought forward, each member of the profession will be as much a gainer as Dr. Hughes or myself, save that many thanks would be due to the English editor.

The questions we would present for your consideration, to-day, are these:

1. Do you wish the work continued?

2. To what extent are you willing to assume its financial support?

If the subscription for a copy of the next three numbers, necessary to make a volume, for each member of the Institute, be too heavy, a subscription may be made for four or five hundred copies, deliverable only to such members as pay the cost-price to the treasurer of the Institute. Such a guarantee on the part of the Institute, and a similar one from the British Society, would enable Dr. Hughes to go right on with the work.

In conclusion, I would say that, so far as I am individually concerned, I ask nothing for the *Cyclopædia*. It is true, I have, for many years, talked and written upon the faulty methods of drug-proving, and endeavored to point out the sad results, the dangers arising from the gathering and constant re-publication of spurious symptoms.

I have labored for the revision and sifting of symptoms as well

as the re-proving of drugs; but never with the expectation of finding myself put forward as an editor or author. If this Institute shall decide to abandon its own great work, and Dr. Hughes concludes to drop it, or is willing to conduct it without an American associate, I shall feel relieved of a very great responsibility as well as considerable gratiutous literary work.

Dr. I. T. Talbot offered a resolution to the effect, that:

WHEREAS, The work of revision had been faithfully and satisfactorily begun, as shown in the first number issued, therefore,

Resolved, That the Institute, deeming it inexpedient to assume the proprietorship of the *Cyclopædia*, in connection with the British Homœopathic Society, will make a subscription of four hundred copies, allowing the members to have the same at actual cost.

Dr. Fisher objected to the Institute going into the publishing business. These were not for the use of general practitioners, and teachers and others to whose use they were adapted should pay for them.

Dr. Cowperthwaite thought there was a higher object than the purchase of a text book for the general practitioner—the building up of Homœopathy and the perfecting of our Materia Medica. Was strongly in favor of the work being secured.

Dr. Woodward thought we were standing on a new era in regard to our school, and this work would be of inestimable value if completed.

The resolution was adopted and 400 copies of Volume one were ordered.

The Bureau of Surgery, in the absence of Dr. W. T. Helmuth, chairman, was presented by Dr. G. A. Hall, of Chicago. The "Surgical Diseases of the Testes," a paper prepared by Dr. I. T. Talbot, of Boston, was read by the author.

In orchitis, if abscess forms, evacuate the pus and give Hepar sulphur^{30}. During the inflammatory stage he usually gives Aconite, a few drops of the tincture in water; Belladonna, if the face and head be congested; Pulsatilla, if the patient is of a mild disposition and feels sorry for having

indulged in sexual excesses; Clematis, is often of value in the later stage of the disease, after Hepar has done its work. Epididymitis is usually consecutive to gonorrhœa. An early symptom is pain along the cord. It may be treated by cold applications, but if these are not well borne use hot decoction of Hamamelis. Irritable testicle is usually caused by self-abuse. The pain is felt along the cord extending down into the testicle; Aconite and Ignatia are valuable remedies; often a few whiffs of a cigar, in non-smokers, will afford relief. In cases of disease of the testicle requiring operation—cancer, sarcoma, etc.,—after the diseased portion is removed, Mercurius sol., Conium, Lachesis, or Arsenicum may be indicated. Dr. Talbot gave a full pathological and etiological description of cystic degeneration of the testicle, with the differential diagnosis from hydrocele; treatment excision. For myoma and fibroma surgical measures alone are of any value. Atrophy of the testicle requires immediate attention; the treatment may be by electricity and Conium, or other indicated remedy. Abscess of the testicle resulting from a blow or other injury, requires to be opened freely with the bistoury. Hydrocele is somewhat obscure as to causation. The treatment in infants and young persons consists of puncture and bandaging. In adults, good results follow the inflammatory process set up by injections of nitrate of silver, wine or iodine, or by introducing the red oxide of mercury on a probe through the canula of a trocar. Great caution must, however, be used in the introduction of remedies into the cavity of the scrotum. Varicocele is caused by a great amount of blood being forced into the testicle by a strain, excesses of coition, or anything which unduly retards the escape of the blood from the spermatic veins. The absence of valves in the veins makes this form of varicosis a common accident. The various forms of radical treatment are fully detailed in the text-books.

In the discussion of this paper, Dr. M. O. Terry

objected to the fact going into our transactions that this bureau indorsed the use of the thirtieth potency of Silicea and Hepar in orchitis. There is no such thing as any drug in such potency, as was clearly demonstrated by Dr. Smith at Niagara Falls. It was absurd to take up any drug for this disease of such a potency. Local application and rest are the only treatment for orchitis.

Dr. J. E. James, of Philadelphia, puts the patient to bed, if possible, in all these conditions. Acute orchitis is a rare disease, but acute epididymitis is a very common one. Pulsatilla gives better satisfaction than any other remedy. As auxiliary means he uses heat and absolute rest. He related a case of irritable testicle where the only relief had been given by Angustura.

Dr. L. H. Obetz gave quite an exhaustive consideration to the surgical treatment of orchitis and varicocele.

Dr. E. C. Franklin complained of the new regime inaugurated by the present chairman of this bureau. Thought the old method good enough. He desired to add by way of treatment of hæmorrhage the ammonia ferric of alum. He also employs this drug in hæmorrhage from uterine disease. It is a powerful astringent. Encephaloid condition of the testicle is often erroneously diagnosed as tuberculosis. For injection of the scrotum in hydrocele he recommended the use of Pinus canadensis. For cancer of the uterus he is now trying inoculation of cancer cells.

Dr. E. H. Pratt, of Chicago, thinks in cases of disease of the testicles we should look well to the condition of the rectum before we operate, to see if the real cause of the disease may not be found there. Was opposed to dividing the veins subcutaneously. Varicocele often originates from causes at the base of the bladder.

Dr. Geo. A. Hall does not hesitate to castrate for any diseased condition when the case fails to quickly respond to remedies.

The evening session was devoted to the Annual Ban-

quet. The spread was in the large dining room of the hotel and about two hundred persons sat down to the repast, although covers were laid for four or five hundred. Dr. A. S. Everett, of Denver, Col., officiated as toast-master.

FRIDAY—MORNING SESSION.

The Board of Censors made their final report.

Dr. I. T. Talbot moved that the "Bureau of Registration and Statistics" prepare a full list of all who have ever been members of the Institute, together with such report in regard to the same as may be practical, and report at next meeting.

The Bureau of Pædology was next in order, and in the absence of the chairman, Dr. VanArtsdalen, was presented by Dr. Tooker. The general subject was Convulsions of Children, and the papers read were:

"General Considerations of Convulsions," by Dr. C. VanArtsdalen, Philadelphia.

"Predisposing and Exciting Causes of Convulsions," by Dr. B. F. Dake, Pittsburgh.

"Convulsions Resulting from Congestion or Hyperæmia," by Dr. W. H. Waters, Terra Haute, Ind.

"Symptoms of Convulsions," by Dr. M. J. Chapman, Pittsburgh.

"Hygienic Treatment," by Dr. C. D. Crank, Cincinnati.

"Treatment of Chorea," by Dr. R. N. Tooker, Chicago, who considered electricity more Homœopathic to Chorea than any other remedy in the Materia Medica. Had cured one case with roller skates (potency not given). One hospital case relieved by Nux vom and Belladonna in alternation. Mono-bromide of Camphor was a specific when the disease was in the sexual sphere.

Dr. Owens thought the author of the paper on the treatment of Chorea should have given indications for treatment. Did not think such treatment as he gave was Homœopathic.

The papers of this Bureau were fully discussed by Drs. T. F. Smith, H. K. Bennett, H. M. Paine, O. S. Wood, O. W. Enos, C. D. Crank, A. A. Whipple, W. E. Green, J. M. Kershaw, L. S. Ordway, W. H. Harrison, J. P. Dake, J. C. Sanders, D. S. Smith, T. F. and H. C. Allen.

Bureau of Psychological Medicine, Dr. S. H. Talcott, chairman, being absent, Dr. J. M. Kershaw, of St. Louis, read a paper on "Cerebral Congestion," and stated that the only treatment he had used with success in this disease was exercise. He gave several cases which had been greatly benefitted by regular, judiciously taken exercise—consisting in walking, riding, etc., carefully regulated according to strength and health of patient.

Dr. J. D. Buck, of Cincinnati, then read a paper on the "Gymnasium in Relation to Mental Health." He spoke of the temptations to which the young of to-day were subject, alluded to the fast age we live in and how a young man of twenty-one was aged in vicious experience and had run the gauntlet of popular vice; he claimed that the gymnasium afforded an innocent, healthful amusement in lieu of the vicious pleasures. He said the development of the muscular system necessarily benefitted the whole system, that the physical and mental health would be alike improved, that the forcing of the blood into the brain by the exercise was especially beneficial to those of sedentary habits. He said two or three appliances of the gymnasium should be abolished, viz: such as were by their violence liable to injure rather than benefit; for instance, the so-called "health-lift" and the "giants-swing."

Dr. T. L. Brown, Binghampton, N. Y., submitted a paper on "Roller Skating and Mental Health." He had tested for a year the new method of exercise. The doctor says: "Observation and comparison, with a view to correctly determine the good and evil upon all classes, compel me to decide in favor of roller skating for those who, by their increased mental work, are deprived of the necessary

muscular exercise. It is a prescription a physician can take himself without fearing to soon share the same fate of his drugged patient, who needed exercise more than medicine. I have been summering and wintering on roller skates. I have been on the wheels 250 times. I have seen fifty-five years of life, thirty years in practicing medicine before putting on the rollers. When I first saw young people roller skating I thought it seemed so easy. When I put them on I soon discovered that I had not met with anything which could take the conceit out of me as fast as the easy-moving wheels. It took twenty evenings to learn to balance 196 pounds in a manner that those who observed me were not as often raising their faces with uncontrollable laughter. From that day to this I have been steadily gaining physical and mental control by this regular exercise. I last weighed 202 pounds, mostly more muscle and correspondingly less carbon tissue. I took the exercise for health and amusement combined. I have never seen a year of as good nutrition and sound sleep as the past year, under the influence of roller skating. It is not a craze to the person who utilizes it for social amusement and health. People who have not tested the exercise are not wise on the subject. Whatever they say about it needs more correction and criticism than skating. We should skate as we eat, sleep or tell the truth, just for the utility and the improvement it will individually produce. The fittest men and women are daily doing this for the good and happiness it gives them and others. Temperance and exercise furnish evidence of individual mental health in those who practice both. Skating unites the body and mind more intimately than walking or running and with less fatigue for a similar amount of effort."

There was very little discussion on papers of this Bureau.

Memorial services were then held and remarks were made by Drs. J. C. Burgher, J. P. Dake, T. F. Smith, H. C. and T. F. Allen.

The President read a communication from Washington stating that Congress had appropriated $15,000 for the Homœopathic Hospital in that city, and asking co-operation of the Institute in its establishment.

The following new members were added to the Institute during the session:

Scott B. Parsons, St. Louis, Mo.
H. Pomeroy, Cleveland, O.
E. L. Mellus, Worcester, Mass.
R. G. Reed, Woonsocket, R. I.
Louis Lowenthal, Washington Heights, D. C.
T. E. Stokes, Coshocton, O.
P. F. Walker, Providence, R. I.
A. H. Tompkins, Jamacia Plains, Mass.
D. A. Babcock, Fall River, Mass.
Wm. VonGottschalk, Jr., Central Falls, R. I.
C. G. Fuller, Chicago, Ill.
E. B. Hooker, Hartford, Ct.
Wm. B. Clarke, Indianapolis, Ind.
Henry A. Brown, Reading, Mass.
C. Harvey Hadley, New Shoreham, R. I.
Geo. W. Crosby, Atlantic City, N. J.
Susan M. Hicks, Atlanta, Ga.
John Z. Lawshe, Atlanta, Ga.
John P. Rand, Monson, Mass.
J. W. Buddeke, Memphis, Tenn.
Thos. E. Reed, Middletown, O.
Mrs. H. Tyler Wilcox, St. Louis, Mo.
Wm. S. Gee, Hyde Park, Ill.
J. R. Boynton, Leavenworth, Kan.
Wm. H. Harrison, Baton Rouge, La.
Alex. Donald, Stillwater, Minn.
H. H. Crippen, Detroit, Mich.
A. R. Wheeler, St. Louis Mich.
Geo. E. Ehinger, Keokuk, Ia.
E. H. Linnell, Norwich, Conn.
N. P. Smith, Paris, Ill.
C. W. Creary, Palmyra, Wis.
C. H. Goodman, St. Louis, Mo.
John N. Taylor, Crawfordsville, Ind,
Geo. W. Winterburn, New York City.

Reginald Munson, Washington, D. C.
Wm. G. Hall, St. Joseph, Mo.
N. L. Franklin, St. Louis, Mo.
Alice B. McKibben, St. Louis, Mo.

After the usual resolutions of thanks to the officers, the St. Louis physicians and the press, the Institute adjourned, to meet at Saratoga in 1886.

WILLIAM J. HAWKES, M. D.

Among the younger members of our school in the West, few have made a more brilliant record for themselves, or for Homœopathy, than Prof. W. J. Hawkes, of Hahnemann Medical College, Chicago, Ill.

He was born in Pennsylvania in 1845, graduated at the Allegheny High School, studied Latin, German, and the higher mathematics under a private tutor, and after over three years service in the war of the rebellion, entered the Hahnemann Medical College of Philadelphia, from which he graduated in the spring of 1867. After receiving his degree he began practice in Smyrna, Delaware, but soon removed to Boston, where he practiced two years, and in 1873 removed to Chicago. In 1876 he was appointed Professor of Physiology and Clinical Medicine in Hahnemann Medical College of Chicago, and four years later was promoted to the chair of Materia Medica and Therapeutics, which he still occupies. In 1879 he was elected a member of the American Institute. He is also a member of the Western Academy, of the Illinois and Wisconsin State Societies and of Cook County Society, and the Clinical Society of Chicago. In his college teaching, in theory and in his daily practice, he is a strict Homœopath—a follower of Hahnemann.

He was married in 1872 to Miss Lizzie Noble, daughter of Captain Noble, of Boston.

W. J. Hawkes, M. D.

THE MIDDLETOWN ASYLUM.

The fourteenth annual report of the "State Homœopathic Asylum for the Insane, at Middletown, N. Y.," is one of which every true Homœopath, and especially our brethern of the Empire State, should feel proud. The record which Dr. Talcott and his able assistants are making for themselves, is an exemplary one. In the increased per centage of recoveries, and the decreased mortality and cost of maintenance, the Asylum ranks above all other institutions of the kind in America. Under the same State Laws governing the admission of patients, with the same class of cases, the same climatic influences, the same dietary, sanitary, and hygienic surroundings, but with the disadvantage of having some patients, discharged from other asylums as incurable, brought here as a last resort in the hope of being cured, the following statistics are worthy of serious consideration. No candid man can for a moment doubt that to the medical treatment the foregoing results are to be largely attributed. And this is the kind of medical treatment and business management we require in the new asylum at Traverse City, Michigan, to make it at once successful and popular.

Comparative statistics between Old School and New School Asylums of the State of New York.

INSTITUTIONS—YEAR 1883.		Per cent. recover'd on admissions....	Per cent. of deaths on number treated.....
N. Y. State Lunatic Asylum, Utica Hudson River State Hospital for Insane, Poughkeepsie..... Buffalo State Asylum for Insane, Buffalo.....	Old School.	25.37	6.49
State Homœopathic Asylum for Insane, Middletown, N. Y.....	Homœopathic.	40.58	4.89

INSTITUTIONS—YEAR 1884.		Per cent. recover'd on admissions....	Per cent. of deaths on number treated.....
N. Y. State Lunatic Asylum, Utica Hudson River State Hospital for Insane, Poughkeepsie..... Buffalo State Asylum for Insane, Buffalo.....	Old School.	25.58	6.76
State Homœopathic Asylum for the Insane, Middletown, N. Y.....	Homœopathic.	41.71	4.96

EDITORIAL.

The American Institute.—The late session of the Institute at St. Louis, with its hopes and aspirations, its greetings and partings, has passed into history; and we regret to say, that in many respects, few members will be proud of the historical record. Taken all in all it was a memorable session, memorable chiefly for what it failed to accomplish.

Dr. T. F. Allen was one of the best presiding officers that has graced the chair for many years. His decisions were promptly and correctly taken; the work was never allowed to drag, and the rules were strictly enforced.

Attendance. In point of numbers it was much below the average. As near as we could estimate about one hundrid and twenty members (108 voted for President) were on the roster, largely from the West and South-West. This is about one half the usual attendance. The city physicians of St. Louis were unremitting in their labors to make the meeting a success, and did everything that men could do for the pleasure and entertainment of their guests. But despite their hard work and good intentions the elements and fate appeared to be on the other side. The weather was extremely hot; artizans were busily engaged in the hotel corridors repairing the damage caused by a fire a few days before the meeting; and the city was

extremely anxious to complete a granite pavement beneath the windows of the room in which the sessions were held. The heat precluded the closing of the windows and when open, the noise at times was simply deafening, so that the stentorian tones of members could not be heard half way across the room. We respectfully submit that the time has arrived when the burden of entertaining the Institute should not devolve upon any city or state society. The Institute is of age, and capable of entertaining itself.

The Address. The chief point of interest in the President's Address was his proposition to determine by a series of systematic scientific experiments the symptom-producing power of the potentized drug, and thus, if possible, settle this vexed question and restore that harmony in the profession which existed at the organization of the Institute. It was evidently the intention that the experiments should be conducted on a basis so broad as to place them beyond a matter of personal belief either *pro* or *con*, and thus not only convince ourselves but our allopathic brethern and the scientific world besides. The plan sounds well in the Address, but we think is altogether too utopian for practice. Those who believe in the potenized drug have already been convinced by actual experiment; those who do not believe will neither experiment themselves nor accept the experiments of others.

The Bureaus. It was evident that the manner of presenting the work of the different bureaus, was not entirely satisfactory. Some other method must be devised. Every paper cannot be read in full and it is almost impossible to discuss a synopsis however well prepared. We think the plan adopted by Dr. Helmuth for the Bureau of Surgery the best yet offered the Institute. At least it appears to contain the elements of success and warrants a further trial. With two or three exceptions the work done this year was below the average. The Bureaus of Gynecology, Obstetrics and Surgery were well presented, but as a

rule neither the papers nor discussions were up to the usual standard.

Politics.—It is a fact patent to many that abuses have gradually crept into the working of the Institute which are rapidly undermining its usefulness and sapping its vitality, and which unless corrected by vigorous measures will sooner or later end in disruption. Chief among these abuses is "Institute Politics." When a systematic canvas of members is begun before the meeting and by "wire-pulling" "log-rolling," and other means known to the ward politician continued during the session, it is time to call a halt.

Before members had time to "register" and even before some reached the hoted they were "sounded" as to their preferences for *President* or *Secretary*. Members appear to forget that the office should seek the man. In some instances the offices are wanted, not as a reward for services rendered the *cause* or the *institute*, but to subserve personal ambition or advance the claims of some candidate for a chair in the University of Michigan or some other College. The old members were mortified, and the young members were astonished if not disgusted. One of the latter, who had just been elected, after reaching home writes as follows: "I confess I was greatly disappointed in the meeting of the American Institute of Homœopathy. But very little transpired calculated to aid a young man in prescribing for his patients. What is the object of these meetings? For what do members spend their time and money? To elect a President or Secretary? How long has this been so?"

These certainly are pertinent questions, and there were sufficient reasons for making the enquiry. Is it to be wondered at that some members do not attend whose advice and experience would be valuable? To be President of the American Institute will soon be a very doubtful compliment if this kind of work is allowed to continue. Such work should be beneath the professional dignity of every member. It cannot bring any thing but disgrace.

The Banquet.—The daily cuisine of the Lindell was unexceptional; meals were well cooked and well served. Nevertheless, we have rarely heard so much fault found with a hotel at any meeting of the Institute. The proprietors were evidently "on the make." As a cold collation the banquet would have made a fair show at a country picnic, and for this the physicians of St. Louis had to pay 250 or 300 dollars extra. Those who were fortunate enough to be at Deer Park last year will mentally make comparisons. It was not the fault of the committee, however. The post-prandial speeches were, with a few exceptions, entirely too long. When a college professor is put down for an after-dinner speech he is not expected to fill "the hour." Ten minutes is long enough.

OBITUARY.

HENRY NEWELL GUERNSEY, M. D.—At seven o'clock Saturday morning, June 27, Professor Guernsey closed his earthly career, and "slept the sleep that knows no waking." Our great Obstetrician whose name and fame are co-extensive with our science of medicine wherever Homœopathy is known, has ended his distinguished professional career. Naturally modest and retiring; honest, and enthusiastic in his labors; one of the purest of men and purest of Homœopaths, he leaves a record and a memory behind him of which every member of our school may justly be proud. Many of the best men in our ranks have from his lips, or his pen, received their first inspiration of the simple truth of Hahnemann's teachings, and will join us in saying: "Well done! good and faithful servant." Verily "the old guard" one by one are joining the majority.

Dr. Guernsey was born at Rochester, Vt., on the 10th of February, 1817. His father, Joseph Guernsey was for many years a Justice of the Peace, while through his mother, Phebe Jefferson, he was related to President Jefferson. He received his literary education at Royalton Academy, and in 1840 at the age of 23 he began the study of medicine in the office of Dr. A. E. Small, then in practice at Upper Darby, Vt. He matriculated in the Medical Department of the Pennsylvania College, November 1st, 1841, and

the following year entered the Medical Department of the University of New York, graduating in the spring of 1842. He first began practice in New York City, but soon removed to Frankford, then a suburb of, but now a part of Philadelphia, where he early acquired a large and lucrative practice, especially in obstetrics; a practice that prepared him for the important service he has since rendered the profession. In 1846 he became a member of the American Institute of Homœopathy. In 1856 he removed into the city of Philadelphia and in 1861 was elected Professor of obstetrics and diseases of women and children in the Homœopathic Medical College of Pennsylvania, a chair which he filled to the satisfaction of his colleagues for eight consecutive years, three of which he was Dean of the Faculty. So earnestly and faithfully did he labor to inculcate the true doctrine of Hahnemann and promulgate the science of Homœopathy, so practical and useful were his lectures, that the students requested their publication, and to this are we indebted for the first edition of *Guernsey's Obstetrics*. which appeared in 1867, and which has been translated into French.

In 1871 he was elected Professor of Materia Medica and Dean of the Faculty in the Hahnemann Medical College of Philadelphia and filled the chair for three years. His lectures were again requested for publication, and this gave us *Guernsey's Materia Medica*. But he is best known as the author of the "Key-Note System" of studying and applying the Materia Medica of our school, a system which he advocated in the current literature of the school and which has been largely adopted by the profession.

In 1846 he married Miss Collourn of Boston, by whom he has had three children, two sons, J. C. and H. W. Guernsey and one daughter, all of whom we believe survive him.

In the winter of 1883 he was attacked with a severe form of diabetes, but from which under the strictest homœopathic treatment he seemed in time to completely recover. During the last winter pulmonary tuberculosis made its appearance, yet until the last day of April he faithfully and pluckily attended to his practice being confined to his room a little less than two months.

F. W. INGALLS, M. D., was born in Glennville, N. Y., February 9, 1840, and at the time of his death was a little more than forty-five years of age. He first began the study of medicine with Dr. Strong, of Owasco, N. Y., and for nearly two years was a private student of Dr. J. C. Sanders, of Cleveland, O. He graduated at the Homœopathic Hospital College at Cleveland, O., in 1863, and the

same year began practice in Kingston, N. Y., when Homœopathy was little known, the only other practitioner being Dr. G. D. Crispell, to whom he was greatly indebted for assistance during his early struggles to obtain a business footing. Dr. Ingalls soon took a high rank as a physician and in a few years was in the possession of a lucrative practice, which for twenty-two years he has successfully maintained. He was a trustee of the Kingston Building Co., a director and Vice-President of the Kingston National Bank, and one of the officers of the Kingston Savings Bank. He was also an active member of the Masonic body, being a Past Master of the Kingston Lodge, a Past High Priest of Mt. Horeb Chapter, a Knight's Templar, and in the Scottish Rites he had attained the next to the highest degree. He was a member of the American Institute and the Hahnemannian Association, and an active member of the New York State Society; a tried and true disciple of Hahnemann. In 1870 he married Miss DuBois, whom he leaves a widow with five children.

DIED.—Earl Cairns, April 2, 1885, of pneumonia, aged 66 years. Earl Cairns was prominent in all good works, and his name will be remembered as that of a Christian philanthropist as well as that of one of the most distinguished Lord Chancellors of England. For years he had been an adherent of the system of Hahnemann, was a warm supporter of homœopathic institutions, and at the time of his death President of the London Homœopathic Hospital.—*Hom. World.*

EDITOR'S TABLE.

REMOVALS.—We are pleased to note the removal of Dr. John F. Miller to New York, where he takes the practice of the late Dr. C. Lippe. Physicians having patients visiting New York temporarily will find in Dr. Miller a faithful and skillful Homœopath, whom they can fully recommend.

C. A. BALDWIN, M. D., from Jackson, Mich., to New York City.

DR. A. B. GRANT removes from Lowell to Ionia, where he succeeds Dr. O. R. Long.

R. C. MARKHAM, M. D., from Marquette to Jackson, Mich. He is succeeded in Marquette by Dr. Glover.

HARLYN HITCHCOCK, M. D., a recent convert to the homœopathic practice, succeeds Dr. Miller at Newark, N. J.

DR. C. R. MUZZY, from Newton to Viroqua, Wis., entering into partnership with Dr. J. H. Suttle, who has an extensive practice.

WM. STEINRAUF, M. D., after spending several months in the Hospitals and Medical Schools of New York, has resumed his practice at Nokomis, Ill.

DR. J. W. WARD, late Resident Physician of the Hahnemann Hospital of New York has returned to his native City, San Jose, Cal., and opened an office for practice. We predict a successful professional career for the Doctor.

WANTED.—A lady practitioner at Gilroy, and also at Tulare City, Cal.—*Cal. Homœopath.*

S. LILIENTHAL, M. D., will soon visit the "Faderland," taking in Europe ere he returns. *Bon voyage.*

THE INTERNATIONAL HOMŒOPATHIC CONGRESS, will meet at Brussels, in 1886. The date has not yet been fixed.

ANY homœopathic physician desiring a location, can hear of several good places both North and South by addressing, with stamp, H. W. Champlin, M. D., Chelsea, Mich.

MARRIED.—At Scranton, Pa., Tuesday, June 30, 1885, Miss Carrie Gertrude Watres, M. D., (U. of M., '83) to Hon. Edward C. Lovell of Elgin, Ill. The best wishes of many friends of Mrs. Lovell in Ann Arbor will follow her to her prairie home.

WANTED.—By a young married man, graduate of Hahnemann of Chicago, class of '81, a position as assistant, or will buy half interest with some older homœopathic physician in a city. Address G. H. Patchen, M. D., Burlington, Iowa.

PROMOTION.—The position of Surgeon on General Dimond's staff, which Major L. C. Webb resigned last fall, has been accepted by Dr. G. M. Pease, an active member of the Grand Army of the Republic. We congratulate the Doctor on his appointment as Brigade Surgeon.

G. B. CORNELL, M. D., removes from Jersey City, where he has for sixteen years successfully upheld the banner of Similia, to his native town, Edgartown, Mass., better known as Martha's Vineyard. The doctor has left a large and remunerative practice in Jersey City and we trust he will abundantly prosper in his new field of labor.

UNIVERSITY OF IOWA.—The Regents of this University have unanimously voted to ask the next Legislature for an appropriation of $30,000 for the erection of a building for the exclusive use of the Homœopathic Department. This is what has long been needed, and we predict success for the application and a prosperous future for the school.

DR. O. S. SANDERS of Boston, in the *Sunday Globe* of July 4, which has fifty or sixty thousand readers, has a three column ar-

ticle on Asiatic Cholera from a homœopathic stand point, in which he gives a mortality of less than ten per cent. in cases occurring in his own practice. With such an audience, a lecture of this kind ought to be productive of some ripe fruit.

W. F. THATCHER, M. D., Paris, Texas, under a recent date writes us: "I find the people here accept Homœopathy, not so much the result of a reasoning process as from the logic of facts—cures. During the winter just passed, pneumonia proved very fatal under allopathic regime, and a saving of 100% of cases under homœopathic treatment, created some surprise and demands many explanations from our step-brethern of the old school."

SAFE MILK.—Medical and sanitary journals are filled with distressing accounts of the spread of typhoid fever, scarlatina, diphtheria, and other contagious diseases, by means of infected milk. Until stringent provisions can be made by law for the inspection of "dairies," including the families of dairymen and all who handle milk, the only safety for the people is to boil their milk before using it. The germs of disease are, as a rule, quite harmless when well cooked.—*Sanitarian.*

DR. MOSES T. RUNNELLS, who has been a prominent homœopathic physician of this city for the past ten years, will remove, in a few days, to Kansas City, Mo., which he will make his future home, and where he will practice his specialty of diseases of women. The Doctor, as is well known, is specially noted in sanitary science, and will carry to his new field a knowledge that was of value to this city when he occupied a position on the Indianapolis Board of Health. He is a graduate of the Cleveland Homœopathic Hospital College, and has since spent two seasons in study and practice in the large hospitals in New York.—*Indianapolis Journal.*

Over 4,700 persons have been inoculated with cholera microbes by Dr. Ferran in the province of Valencia, Spain, as a preventative of the disease. The new system is said to be entirely successful and the epidemic is disappearing. The Spanish government has appointed a commission of four eminent surgeons to investigate the system. Dr. Ferran intends to visit England within a few weeks.—*Daily paper.* It is stated that everyone of forty-seven nuns who were inoculuted by Dr. Ferran have since died of cholera.—*Daily Paper.* Another scientific (?) discovery with the usual result of scientific (?) medicine as practiced by our brethern of the regular (?) profession. Neither Koch's, Bacillus nor Ferran's inoculation appear to reduce the cholera mortality in Spain.

"M'INTOSH GALVANIC & FARADIC BATTERY COMPANY of Chicago deserve especial mention for their fine display of goods and the wonderful improvement they have made in electrical goods generally, and especially for their combined solar microscope and stereopticon. It is an instrument that every school and college in the country should have. They received first medal for fine displays of electrical goods and first medal for their combined solar microscope and stereopticon. Dr. L. D. McIntosh, the inventor, deserves great credit for arranging and making this display, because he met in competition the electrical inventions of Europe and America and took the first medal."—*New Orleans Times.* The company has recently removed to their new and commodious quarters at No. 300 and 302 Dearborn St., and with increased facilities for manufacturing are now prepared to fill all orders for Electric Medical Apparatus.

NEW PUBLICATIONS.

DISEASES OF THE NARES, LARYNX AND TRACHEA IN CHILDHOOD. BY THOMAS NICHOL, M. D., L. L. D. pp. 308; price, $2.50. A. L. Chatterton Publishing Co., New York. 1885.

The author has evidently devoted much time and study to the diseases of the respiratory passages in childhood—Coryza: acute, purulent, chronic: Laryngitis; acute, œdematous: Croup; spasmodic, membranous, diphtheritic—which include many of the most fatal the practitioner is called upon to treat. Many of the essays of which it is composed have from time to time appeared in our journals. The diagnosis and pathology of the various affections here considered are minutely given, and authorities extensively quoted. In this particular the book is fully abreast of the times. The "aphorisms" which close the various chapters is a complete "summing up" or condensation of the cause, history, progress and treatment of the disease in question. In fact the author lays much more stress upon the pathology of the various diseases than upon their homœopathic treatment, which is vague and confusing. Why so good a practitioner, as we know Dr. Nichol to be, should have so much respect for, and devote so much space to, the *ipse dixit* of writers and authors is simply incomprehensible. In the treatment of pseudo-membranous croup, p. 220, the author says: "In this disease I have confined myself to the use of the tincture of the fresh root, or the first and second decimal dilutions of the same preparation, from two to five drops in a tumbler full of

water, a teaspoonful every half hour or even every fifteen minutes. I am aware that I have been censured for recommending the use of mother tinctures and low dilutions, but I would remark that I am not giving the experience of my censors but of my own." If the author had confined himself to this curt proposition and instead of giving the opinions and treatment of some forty or fifty writers on this disease, he had given us his own statement in a clear and concise manner, without wading through so many pages of quotations, it would have been much more practical. As it is, the therapeutics is not much of an improvement upon many of the works we already have. The wheat is so covered and mixed with chaff that it is difficult to determine which is which. On page 287, "Aphorism" II, we have the following· "As to therapeutics, Kali bichromicum heads the column, closely followed by Apis mellifica, Lachesis and Ammonium causticum." Many a child has been sacrificed to such routinism thoughtlessly recommended by an author who knew better than to advise his readers (who look to him for guidance at a critical time) to treat the disease instead of the patient. The author gives a graphic description of his escape from polypharmacy into the use of the single remedy, and when his forthcoming volume on the "Diseases of the Lungs and Bronchi" is published we hope to see added the following "aphorism:" Always prescribe for the *patient*, not the *disease*.

AN AMERICAN IN EUROPE. A journal of travels in 1881. By C. Pearson, M.D., Washington, D.C. Second edition.

The author says this little book was written "on the wing," and "published by request," and those at all familiar with Dr. Pearson's incisive method of handling medical subjects, will not wonder that it should so soon have reached its second edition. Books on European travels are by no means scarce, but books like this are rare, and travelers who can see and tell what they have seen in such an interesting style are rarer still. The weary platitudes and state statistics—copied principally from guide-books—which often fill "travels in Europe," are conspicuous by their absence, and it is refreshing to meet a genuine live American "on the tramp," who shuns guides and guide-books, who holds gush and flattery in just contempt and regardless of appearances says just what he thinks of men, women and things which cross his pathway. The narrative is concise, very interesting from the first page to the last, and interspersed with quaint descriptions and crisp and cynical comments. This is the way sea-sickness affects him: "It had been so long since I had been rocked in a

cradle that I did not take to it kindly. Then this rocks you edgewise, sets you one minute on your feet then on your head, gives you a few twists and rolls you over a time or two to be sure you are rocked all over. There was no storm without particularly, the most of it seemed inside; I thought of what Dr. Valentine said on a similar occasion: 'First the ship hove up then the passengers hove up.' Many are traveling for their health. A young man from Illinois, who occupies the upper berth in my stateroom, is taking a journey for this purpose. He, however, does not think it healthy, and I feel just now as though it was not so for me to be below him. He is dreadfully sick, of course he is, he has proyided himself with all the specifics for seasickness; I think the only thing that saves him is, he is too sick to get them." Every medical man who has ever visited, or ever expects to visit, Europe, should not fail to read this little book of Dr. Pearson's. It was not published to sell and as yet is not to be found in the bookstores, but can be had of the author, postage paid, for $1.00.

A TEXT-BOOK OF HYGIENE. A treatise on preventive medicine from an American standpoint. By Geo. H. Rohé, M. D., Prof. of Hygiene, College of Physicians and Surgeons, Baltimore, Md. Cloth, 324 pp.

The scope of this work may be estimated from the following subjects embraced in its table of contents, which are now more or less exhaustively discussed: Air; Water; Food; Soil; Removal of Sewage; Construction of habitations, hospitals, schools; Industrial, military, camp, marine and prison hygiene; Exercise, bathing, clothing; Disposal of the dead; The germ theory; Contagion and infection; Epidemic diseases; Antiseptics and disinfectants; Quarantine and vital statistics. It is well printed; and as neither student nor practitioner can afford to neglect this subject of preventive medicine, we advise our readers to have this book in their libraries for ready reference.

PUBLICATIONS OF THE MASS. HOM. MED. SOCIETY, for 1884. Vol. VII, Cloth 307 pp.

Our brethren of Mass. have done well and produced a volume of proceedings worthy a place in the library by the side of the transactions of New York and Pennsylvania. The volume contains some very valuable papers and is proof conclusive that they have a hard working society in the Old Bay State.

OPIUM, in *any form*, when taken to relieve the terrible cramps and pains of Asiatic Cholera, will surely prove fatal. Let our brethern who are in the habit of resorting to palliative measures "when the Law fails," make a note of this.

THE

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H. C. ALLEN, M. D., Editor and Publisher.
To whom all subscriptions and business communications should be addressed.

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ORIGINAL CONTRIBUTIONS.

ADDRESSES AND SPEECHES OF PRESIDENTS OF HOMŒOPATHIC ASSOCIATED BODIES.

P. P. WELLS, M. D., BROOKLYN, N. Y.

In the *Homœopathic Physician*, Vol III. p. 141, we have taken the liberty to comment on these addresses, as we had had experiences of them in sessions then passed, and in conclusion inquire—

"Have we not had enough, or more, of utterances such as we have felt it our duty here to comment on, to satisfy the cravings of our worst enemies? Our friends—have they not been made to suffer enough already to constitute a valid claim that they be spared in the future the shame and humiliation the past has so liberally heaped on them, and to justify them if they now ask that '*addresses*' may be permitted to stop?"

They have not stopped, and the shame has been continued. In the last "address" before the American Institute, its president, for no *good* reason that a reasonable man can imagine, proposed three subjects for "investigation," which had been investigated and decided before this president was born. Did he not know this, or did ignorance suggest this proposed reference and investigation? If the

body had been a convention of old physic, to which this investigation was proposed, or if it had been made fifty years ago to a homœopathic convention, it would not have been so sillily absurd. But who is the man, if decently intelligent as to the history of our materia medica in its progressive developments, who does not know that the answers to the proposed "*investigation*," were given in the early years of homœopathic history, and by men who as compared to those of the committees* to whom the Institute referred these propositions of its president, were as giants to pigmies? It has somewhere been claimed for modesty that it is one of the *graceful* virtues. May we not hope there is so much of this grace pertaining to the membership of these committees as before the contrast they present to these old worthies, will constrain them to a wholesome silence?

These were the subjects the address proposed for investigation:

1. "Does trituration increase the power of insoluble drugs?
2. Does succussion increase the power of soluble drugs?†

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* When this comparison was written the writer had no knowledge of the *personelle* of these committees. The comparison took them as average members of the Institute as it is at present made up.

† This second question was of interest to me when I read the Organon the first time. It is there asserted as a fundamental fact. It seemed strange, and that its acceptance by a mind educated only in the philosophy of materialism was simply impossible. I was about to enter on some experiments to *prove* the falsehood of the claims of Homœopathy to our confidence, and had no doubt I should succeed in this. My first experiment was to prove the falsehood of this claim of increase of power by succussion. For this I procured a new phial, with a new cork, cleaned it as carefully as possible, filled it nearly full of the purest water I could have, put into it two drops of a medicinal tincture and corked the phial and shook it as violently as I could for between half an hour and an hour. I gave a fourth of a teaspoonfull of the water to a colored woman of middle age, who at the time was engaged over her washtub. She had suffered greatly from neuralgia of the left side of

Referred to the Bureau of Pharmacy.

3. Do highly attenuated drugs affect the healthy body as has been claimed by a highly respectable minority?

Referred to the Bureau of Materia Medica and Provings."

Nos. 1 and 2 were referred by the Institute to one of its bureaus for a report. If we might, without being thought guilty of impertinence, we would venture to refer the gentlemen of this bureau to a book where this matter of 1 and 2 is very fully discussed. The work, though now so generally neglected if not ignored by our colleges, that their graduates, here met in the Institute, and referring these questions, were presumably ignorant of the book and its contents. It is entitled the "*Organon of Homœopathic Medicine*," and its author was one Samuel Hahnemann, a man not a little remarkable in his day for great genius and learning. But, perhaps, if this man was remarkable for one intellectual gift more than another above his cotemporaries, it was that of the talent for observation of *facts*. In this he stands in his history as peerless among men.

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her head, face, neck, shoulder and side of chest. She probably had never heard the word Homœopathy in her life. So her imagination could not have aided in what followed, to the account of which it was then common to charge homœopathic cures. I had done this myself many times. She said when she took the dose—"*Ugh! it's nothing but rain water.*" In less than two minutes she said: "*Doctor, you have made me drunk!*" I tried to convince her she was mistaken, but failed. She said, "*I can't stand. I must sit down.*" She did, and so did I, and I watched her under the action of the dose for an hour, the most astonished man in that town. She told off symptoms of the drug she had taken the whole time. They were accurate statements of these just as I found them on reference to the materia medica record. As near as I could get at the facts, she took about one-sixteenth of a drop of this tincture. I have no reason for believing, and do not believe, that the whole of the two drops, without manipulation, would have produced any such effect on any person as these I was here a witness to. Her neuralgia was permanently cured. The experiment did little to prove the falsehood of the claim for succussion. This was my second homœopathic patient.

We mention this for the benefit of this bureau because, as the man and his work, especially this greatest, the *Organon*, are so persistently ignored by the teachers in our colleges, it cannot be unreasonable to conclude their graduates, including, perhaps, the members of this bureau, are uninformed as to the character of this man and his work. And then the most remarkable fact in this most needless and foolish proposition is, that it came from one whose duty it has been and is to teach the homœopathic materia medica in one of these colleges. Will a man holding such a position stand up before the public and say he did not know that these most important facts of our materia medica were established before he was born, and by men who were as to powers to deal with original facts exceptionally gifted among men? Has this man been pretending to teach the materia medica of our school, these many years, to classes of students, leaving out of his instructions these long established and cardinal principles of our science? Has he left them out because ignorant of them and of the foundation on which they rest? What has this man taught then as a substitute for our materia medica while he has been ignoring these principles which lie so near the first considerations of the science?

It will be noticed that the phraseology of the proposition is such as is suggestive of experiment on *drug matter*. It reads, "increase the power of the drug." With the *matter* of the drug, Homœopathy, rightly understood, has very little concern. Its right administration deals not with the *matter* of the drug, but with its *dynamic* element, in which is its curing power. The liberation of this dynamismus is no doubt enhanced by the process of potentization, which has so freely resorted to succussion in securing its fuller development. We shall not pay this president and teacher the poor compliment of a supposition of his ignorance of the truth as to these matters he has proposed for investigation. But says one of the "pigmies," (he so called himself,) *i. e.* a member of the bureau of reference, when

complaining of our comment on this proposed reference. "But the younger members" *i. e.* of the Institute, "needed confirmation" of the truth, long ago discovered and accepted by their superiors, as to this power of "trituration" and "succussion." Did they? Why? Why, indeed, but that they did not know? They did not know because they had not been taught. Who is responsible for this ignorance which one of these "*younger members*" says made confirmation of these long time and well known truths necessary to them. He seemed to know and feel that it was necessary. But he did not see so clearly that this necessity convicted their teachers of consummate ignorance, or of the grossest neglect. They have ignored, for some reason, which can hardly be an excuse, homœopathic history and philosophy in their teachings, and hence their graduates require, after they have been sent out into the world, confirmation in these fundamental principles of both. What kind of colleges are these we have which so neglect fundamental duty, and abuse our patience. We have no doubt this president knew this very well. Then why the proposition? Let him who asks the question answer it, if he can. If this man has pretended that he was teaching the *homœopathic* Materia Medica while so apparently oblivious of its first cardinal principles, and if the teachings of others, his colaborers, have been equally defective as to homœopathic "science," then perhaps we have from these facts some light on the need felt by these teachers that their work should be supplemented by a knowledge of the way of preparing *pukes*, *purges* and *poultices*. It is certain such teaching stands in sore need of support from some quarter, and this resort to old physic was, in their emergency, perhaps more natural to them than any other. If this be the kind of Homœopathy taught in this college, then it is no marvel this president and teacher discovered lately that "Homœopathy never needed defense more than now." May we not be permitted to hope the need, as to *this kind* of Homœopathy, may be found so great as to render it wholly indispensable.

The world is none the better for it, and truth is greatly marred by it.

But there is a third question proposed by this address for investigation by the institute, in these words:

"Do highly attenuated drugs affect the healthy body, as has been claimed by a highly respectable minority?"

Why does this "*highly respectable minority* claim this, but but that they have *seen* the fact to be as here represented. The claim is based only on the *fact* that it has been *seen* to be so, and this by men who are said to be "*respectable*" by this proponent. Not only "*respectable*" but "*highly*" so. Was it that the president had expectation of a reference of this proposition to a judicature more "respectable" than these claimants, or more capable of witnessing to facts, which they had *not* seen, than were those who had already testified as to facts they *had seen*? Does he hope for more authority for the testimony of those who do *not* know, than for that of "highly respectable" men who *do*? And then one might be a little curious to know on what the evidence is to rest and of what sort it is to be, which is to set aside this *positive* testimony of these claimants, to the *negative* testimony of this bureau to be accepted as superior to the positive already in our possession? Is there any reason for giving this bureau exceptional consideration as to any testimony they may report on this subject, other than that in their proposed investigation they represent the American Institute of Homœopathy? We submit that their official character can give their utterances no additional importance, the status of the institute itself, as to all pertaining to homœopathic facts and philosoyhy, being so well defined and understood.

And then, it will be noted, this inqury was given to the Bureau of Materia Medica. We do not know as to the constitution of this bureau for the present year. We have received no intelligence of its make up, and can have no

prejudices or expectations, *a priori*, as to its report. But if the *habit* which has given its chairmanship to the Institute's common scold, for so many years, till it seems to have become "*chronic*," has continued the appointment, then the outcome of the reference may be easily forecast.

If the bureau are sincerely desirous of knowledge on the matter of the action of "highly attenuated drugs" (*potentized* is the better word, *attenuation* making no part of what has happened to the drug in raising its dynamismus to the state found in the high numbers alluded to in the proposed question,) we can refer them with confidence to a foot note on page 344 of Vol. II, of the *Homœopathic Physician*, where will be found a well authenticated case reported of *variola* resulting from a dose of a high number of *variolin*. I am personally acquainted with the physician who reported this case. I am willing to endorse his intelligence and capacity as fully equal to accurate observation as to the matters there reported. Then it may be this Bureau will feel that further facts may be needed for such a report on the subject as the Institute may not unreasonably expect. In this case we can cheerfully recommend to their attention the many hundreds of cases where the instrument of recent invention, used in experiments in neural analysis, has *demonstrated* to the senses the action of these high numbers on the healthy organism. This was *demonstrated* in our own person when the instrument registered as the sum of present nerve force a certain number of degrees on the graduated dial, and on taking a few dry pellets of Sepia c. m. immediately after this first trial of the instrument, a repetition of this, two minutes after taking the pellets, presented a difference of 25 degrees on the dial, when the second register was compared with the first. There have been many thousands of similar experiments, proving incontestibly the action of high numbers on the healthy body. We commend the record of these to

the attention of this Bureau when they come to make up their report.*

It is not forgotten just here, that the question, as given to this Bureau is practically and comparatively of very little consequence, for the reason that it is with the sick body and not the healthy, to which the chief interest of drug action attaches. It is the sick condition of the body which mostly calls for drug action, and its immensely greater sensibility to this action, because of its sickness, renders any attempt to set up nullity of action in dealing with the sick, because this Bureau, or anybody else, had failed to call out evidence of perceptible action on the healthy body, only worthy of doctors who have not yet learned that trituration and succussion potentize the curing power of drugs. The conclusion, therefore, there is no power to cure, must simply be extremely silly.

It may be interesting to find that some time before this meeting of the Institute, its president had had such evidence of the power and excellence of Finck's high potencies, notably of the 1,000 of Gelsemium, that he was ready to swear to them. "[Am. Hom. Rev. vol. V. p. 392.] And also that there had been such a discovery in his own family of the superior curing power of high numbers as compared with lower, that "his wife would not let him give to his children numbers below 2 c. because it took so much longer to cure them." [Lecture to his class before his election to the presidency of the Institute.] The wife is certainly to be congratulated on her firmness and good sense.†

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* It cannot be that the Institute expected its bureau to report "off-hand" on so important a matter as that of this reference. "Investigation" is the word, and this requires both time and labor. As a report worthy of any attention must be a matter of the future, it will be looked for with some interest.

†At the late meeting in St. Louis, a young man reports this president as saying of his present practice, that he never used numbers higher than the 6th centesimal." Why! Can it be that he wishes to retain a longer attendance on his patients than is

"We are a free people, bound by no law,"—*President of Am. Inst. at its banquet in St. Louis.*

So our president is reported to have spoken on the occasion indicated above. Who are the "We" of whom he makes this affirmation, and is the statement true? Who can he, in the circumstances, be referring to but himself and the members of the body whose president he was for the time being? If the statement be true, then what are some of the consequences? "Free" and "bound by no law!" Freedom of *choice* is certainly one of the conditions of human life in this world, and in this all men are alike before the responsibilities of life. If any man chooses to steal, he can do it, if he meets the opportunity, but if he so chooses he can not, by the same choice, escape the *consequences* of stealing, and one of these is, he has thus taken into himself the character of a thing and he can never rid himself of it. He chose to be "bound by no law," but now the law will bind *him* and remove him from the category of honest men. Refusing to obey law does not *repeal* law. Let the president and his Institute remember this. They cannot but accept the truth of our statement as to choice of violation of human law. Are the consequences of violation of God's laws less certain and less fearful? If we choose not to be bound to obedience of them are we thereby discharged from obligation to obey? Is not choosing to be free from obligation to law the very essence of criminal character? "We are free"—"bound by no law." Is this true of the American Institute and its president? Is this body a representative of Homœopathy? But Homœopathy is law and it is *nothing else*. If this body does not represent this law what in the name of reason does it rep-

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necessary to their cure? If high numbers cured his own children in a shorter time than low ones, how is it that he now declares he withholds the benefits of this discovery from his other patients? May we not suggest here that the advice of his wife may do him good, provided nothing is said to the Institute about it?

resent? Ostensibly a body pretending to represent law, are they found thus proclaiming themselves independent of law, representatives of neither law nor principle, but only an assembly of *criminals.** Was it intended by this declaration of the status of the Institute to proclaim to the world that it had abandoned allegience to God's law and so had ceased to be an Institute of Homœopathy. The proclamation, we feel justified in assuring them, was not needed. The fact has been long and painfully apparent to all who love law and obedience to it.

Why this status of the Institute ? It is not our part to call in question the truth of this assertion as to the president himself, he knew whether he had abandoned God's law; nor as to the body then and there banqueting. They suffered the statement to pass without protest, which must be accepted as their assent to its truth. It is sad if one remembers the spirit and status of the founders of this Institute and puts it in contrast with that which this president gives to their successors, and which these accept as their true character without protest. This organization had its origin in recognition and love of law. It was created to extend a knowledge of and confidence in the verities of law, and to this work the authors regarded themselves as consecrated. To build up and strengthen all pertaining to this law and its rightful administration. Their successors now constituting almost the entire membership of the body, silently allow, without protest, the president to proclaim for himself and themselves, that they are but a rabble, without law, without even the slightest *raison d'être*, without motive or life or action. Without law in administrative medical science is just as it is with the thief or robber in oursocial and civil life. And of this our president and

*It can hardly be necessary to say we use this word "criminals," in reference only to neglect or rejection of *therapeutic law*. It is apparent, we think, that this president in this declaration for self and Institute, had sole reference to this law. So have we.

his associates seemed rather proud. Now before this contrast we bring the question—What has brought about this change and who is responsible for it? This question we now propose to answer.

In the first place we recognize a different mind in the members of this body as represented then and now. Then love, obedience and loyalty to law--now "not bound by any law." Then law was everything—now law is only a thing for contempt. Why is this ? Evidently the change is the outcome of education and the parties first responsible for this are the educators.

The graduate carries from the class-room the impress of the spirit of his teachers. He carries this away no less than the memory of the facts of the sciences to which he and they have been giving their time. He carries away so much of these as his capacities have enabled him to make his own. He can there gather no more of facts than are in the possession of the teacher, and of these, only what the opportunity of the teacher enables him to impart and his own to treasure up. If there be an absence with him of aught essential to the truths he should there have been taught, there can be but two causes for this. It must have come either from ignorance or neglect on the part of the teacher, or indolence or stupidity on the part of the student. If great numbers, or nearly all graduated, are found thus deficient, it fastens the fault on the teacher beyond the possibility of a peradventure. If this be so then there is no difficulty when so great a number of these graduates as were assembled at St. Louis, are found silently admitting their disregard of all law, including that of Homœopathy, which some credulous people supposed them to represent, it became too clear to admit of doubt, that they have not been taught this law, as to its authority, scope of relations, importance as a guide and controller in practical therapeutics In short, the proof is conclusive that they have not been taught the very matter which they

entered the class-room to obtain. All essential to Homœopathy has been left out, where its laws and corrollaries are wanting in the instruction given. And who but the teachers are responsible for this? It is plain then, when these newer members have passed resolutions subversive of obligations to law, they knew no better. They knew no better because not taught. They were, we believe, not seldom left untaught because their teachers themselves did not know. The numbers of graduates now met, ignorant of all pertaining to Homœopathy, is so great that this of itself convicts the colleges sending them out, of the grossest ignorance or the greatest neglect. The practical outcome of this is so great injury to the cause of truth as represented in the only *science* of therapeutics, and so great disgrace heaped on the name and philosophy, these colleges were created to honor and teach, that the conclusion is forced on us, that it would be better for both if our colleges, as at present managed and operated, should cease to be.

THREE POINTS FROM THE ORGANON WITH ILLUSTRATIVE CASES.

G. E. CLARK, M. D., Stillwater, Minn.

There can be no doubt to even a casual peruser of the Organon, that Hahnemann most thoroughly believed in and rigidly adhered to:

I. *The single remedy.*

II. *The minimum dose.*

III. *The uninterrupted action of the administered remedy.*

In paragraph 272 he declares, "In the treatment of disease *only one simple* medicinal substance should be used at a time."

In paragraph 246 of the Addenad he makes use of these words. "In the former additions of the Organon, I have recommended that a single dose of a well selected Homœo-

pathic remedy should be allowed to terminate its operation before the same or a new remedy is repeated, a doctrine derived from the certain experience that the greatest amount of good can scarcely ever be accomplished, particularly in chronic diseases, by a large dose of medicine (a retrogressive measure recently proposed,) however well selected; or what amounts to the same thing, by several small doses administered in rapid succession, because a procedure of this kind will not permit the vital force to undergo imperceptibly the change from the natural disease, to the similar drug-disease. On the contrary, it is usually excited to violent revulsive action by one large dose, or by the quick succession of several smaller doses, so that the reaction of the vital force, in most cases, is anything but beneficial, doing more harm than good. Therefore while it was impossible to discover a more salutary method than the one proposed by me, it was necessary to obey the philanthropic rule of precaution *si non juvat, modo ne noceat*; in accordance with which maxim, the homœopathic physician considering human welfare to be his highest aim, was to administer but one most minute dose at a time of a carefully selected medicine in the case of disease, to allow this dose to act upon the patient and to terminate its action. I say *most minute*, since it holds good and will continue to hold good as an incontrovertible homœopathic rule of cure, that the best dose of the correctly selected medicine, will always be the smallest in one of the high potencies for chronic as well as for acute diseases, a truth which is the invaluable property of pure Homœopathy, and which will continue to stand as an imperishable barrier to shield true Homœopathy from quackery as long as Allopathy (and no less the practice of the modern mongrel sect composed of a mixture of Allopathy and Homœopathy) continues like a cancer to undermine the life of suffering men, and to destroy them by large doses of medicine."

I presume upon this somewhat lengthy quotation that we may thoroughly understand what was the teaching and

practice of the great master of this most important subject. I am persuaded that a large proportion of homœopathic physicians have not only never read this book, the groundwork of our faith and practice but are grossly ignorant of its precepts and instructions.

With these thoughts as a text, I will proceed to illustrate by a few cases treated according to the above instructions.

CASE I. Flora C—, aged eighteen, has had the ague for the last six years, lately of the quartan type. The chill appeared between 5 and 8 P. M., but felt badly all day. Early in the morning an *aching in the wrists* appeared followed by *a deep sore pain in all the body. Yawning and stretching all day.*

Great distress in the stomach with sour vomiting during the chill. High fever with terrific headache, very restless, must turn often in bed. Sept. 13, 1882, following the paroxysm and during the apyrexia I gave one powder of Arnica 40M.

The main indication was the ever present, sore, aching pain all over the body.

Two much lighter chills followed, then ceased entirely and have not since returned, though still living in a malarial climate. I may add, this patient had consulted physicians of eminent homœopathic talent, with only temporary relief. From my acquaintance with the physicians consulted, I have good reason to believe only the lower potencies were employed. The improvement was general, prompt and continuous.

CASE II. E. P—, aged twenty, small and spare; has suffered from asthma since he was two years old. During the last eight years has had the affection almost constantly, and very severely at times, being confined to his room for weeks. Upon careful examination the following history was elicited: When three months old, had an eruption which covered the entire scalp with a thick scab, from beneath which oozed a profuse yellow discharge. The condition remained till the

child was eleven months old, when a tar plaster was applied to the scalp, and other means employed which the mother could not remember. In a few days the eruption dried up and dissappeared and has not since returned. Twelve months afterward the asthma, which has been the bane of his life, appeared, and has grown more continuous and severe each year.

The family history is not good. The father's mother and sister died of consumption. The father had a slight attack of tinea capitis when a lad; he is also now slightly asthmatic at times. The mother's mother, three sisters and one brother died of consumption. An elder brother of the patient has been under treatment for over a year for a similar eruption of the scalp. When a babe the patient was fat and chubby. Fontanelle large and open, did not close till late. Dentition did not commence till a year old and was very difficult, accompanied by a very intractable and offensive diarrhœa during the whole process; did not walk till two years old; sweat a good deal about the head and neck, wetting the pillow far around; takes cold easily; is worse in cold and damp weather; cough loose and most severe in the morning; appetite very poor indeed; *bowels obstinately constipated*; rarely has an action without taking "pills."

March 29. Prescribed Calcarea Ost. 85^{M}; one powder in the morning.

April 8. Reported a loose evacuation of the bowels the second day after taking the medicine, and have remained regular ever since, though not so free today. Has had little or no asthma since taking the medicine; very much better than he has been for years; appetite ravenous; spirits excellent.

April 14. Bowels less regular for the last three days; weather damp; did not rest well during the night; had a light attack of asthma, appetite not so good. Calcarea as before.

April 19. Marked improvement ; no asthma since ; bowels regular ; appetite good ; Sac. lac.

Some months thereafter he reports enjoying the best health for years. During the summer has been running an engine on the river. Has not had such an entire freedom from asthma for over eight years. Appetite is good and is gaining flesh.

The Calcarea was the only medicine given and the result was such as to stagger the most skeptic.

CASE III. Edna D—, age six. One year ago had a severe attack of spinal memingitis, for which she was allopathically treated. Since that time she has had frequent attacks of corea minor. There was some jerking of the limbs and irregular motions of the body, during the day, but at night assumed a more violent form. Shortly after falling asleep she would scream out with a startled cry and take on at a violent rate for some time. These attacks were repeated as often as from three to four times a week and were growing more severe and more frequent. From the aggravation at night while asleep, from sudden fright or emotions ; the violent delirium in a semi-conscious condition, as well as the well known action of the drug in causing cerebral and spinal congestion, I gave Gelsemium 2M, ; one powder before retiring at night. Sac. lac. was dispensed at appropriate intervals, but this one powder was the only medicine given. That was in February last ; since which time there have been no further manifestations at night, and the general health and condition of the patient have also greatly improved.

CASE IV. That we may not seem to draw our illustrations entirely from a class of diseases of the lighter and less malignant order, I will mention a case of diptheria in which the high potences acted equally well, indeed with apparent improvement over that of the lower.

Wm. K—, was taken July 10th with a light chill, great lassitude, aching in the bones, high fever and delirium, last-

ing all the following night. In the morning inspection showed the fauces to be deep red and highly inflamed. The tonsils and walls of the pharynx were thickly coated with a dirty grayish deposit. The breath was so offensive as to make it difficult for the attendants to remain long in the room. Bell. and Merc. cyn. in the third decimal potency were given and persevered in till recovery, which took place about a week thereafter.

Four days after the first attack a younger sister was taken in much the same way, same high fever, great prostration, throat very red and sore. In this case however, the membrane appeared first upon the right side of the throat and spread to the left. Aggravation in the afternoon and after drinking cold water. Considering these good indications for Lyc. and also a very excellent opportunity to test the value of high and low potencies, I gave the highest potency I had with me, viz., the 200.

In point of severity and surrounding conditions the two cases were almost identical; hence I awaited the result with no small degree of interest, both to accurately test the case and also because it was with no small fear and trembling I rested so grave an affection on a potency I had often employed, but never in a case of this character.

I am sure the result was much more prompt and satisfactory, the second case recovering in two or three days less time than the first.

These cases with a more or less extensive experience of a like nature have convinced me of *three* things:

I. A careless routine treatment, coupled with only a *general* knowledge of the Materia Medica leads to the alternation of remedies. It is true the most extensive and painstaking perusal of the Materia Medica will at times fail to bring out the "clear cut" single remedy, nevertheless this is the desideratum for which we are most earnestly to strive and I am satisfied such a course will give better and prompter results than any amount of alternation.

II. Although you may not all agree with me as to the value of the high potencies, still I am persuaded there are many here to day who are convinced that even so-called Homœopaths too often give too much and too strong medicine, and that a smaller dose and less often administered would have healed more promptly and thoroughly,developed fewer unfavorable complications, and allowed less uncured cases and symptoms to remain as ghosts to remind us of our incompetency.

This we do claim, the evidence of the validity of the higher potencies is founded upon as accurate and reliable a basis as that of the lower potencies. The diagnosis of the case; the careful and painstaking collation of the symptoms; the fine differentiation and affiliation of the remedy are as good and reliable in the one case as in the other. If now there is a removal of the pathogenetic symptoms and a return to the healthy functions of the body, as promptly and thoroughly in the higher as in the lower potencies, a claim to their validity is incontrovertably established.

III. Many a brilliant cure is often interrupted or even spoiled by a too frequent repetition of the remedy employed. I have a case in point where an affection of some years standing was improving nicely and continuously until in my haste to push the recovery, I commenced a *repetition* of the high potency then in use. The improvement stopped and I never since have been able to do more than palliate the attacks as they appeared.

Our master builder was a wise observer and we do well to ponder his instructions thoroughly and well.—*Investigator.*

ASTHMA.—Periodical attacks every four or five weeks. Felt as if the blood was flowing from the extremities to the chest causing a pressure, as from a great load, compelling him to walk rapidly for fear of suffocation; often walked eight or nine miles before relieved. Lobelia tinc. in teaspoonful doses only palleated, Lobelia 15 potency permanently cured.—*Ehrman.*

MATERIA MEDICA.

PECULIAR FEATURES. NO. 6.

J. R. MUZZY, M. D., Viroqua, Wis.

Nux Vomica, the Englishman of Materia Medica. This remedy is peculiar for its variety of mental symptoms; the Nux vomica patient is despondent and bouyant alternatively.

Irritability is characteristic but he is lively in the evening hours. Like the Englishman he likes a square meal at about the time that other people go to bed.

Ailments from all kinds of excesses—high living, hard drinking, the use of tobacco, hot drops, patent medicine, crude drugs, etc,—are relieved if not cured by this drug in proper form. I would not charge the Englishman with so much indiscretion; it is his sanguine temperament, his appreciation of a hearty meal and his subsequent convivial spirits, especially at evening, and no less his unyielding nature under difficulties, that suggest the comparison.

The Nux vomica patient is a congenial companion when in health, but he meets all advances with a repulse, when sick, with as much determination as the "Red Coat" shows in receiving the charge of the enemy in battle with great odds against him.

Disinclination to talk,—even the talking of others annoys him; cannot bear the least, though it be suitable medicine.

Disinclination to exert himself; longs to sit down; more inclined to study and to sedentery habits than to manual labor, though when once at work he feels more energetic, similar to Lycopodium—"thinks he can not do much but once at work finds he can endure a great deal." (Thinks he can get out of bed and go to work but is exhausted with the first effort, is peculiar to Arsenicum.)

Ailments from long continued mental labor, loss of sleep;

hypochondria of studious men; great irritability, noise from street, banging doors, etc., annoy him very much.

Florid complexions with yellow tinge. The pains of the head assigned to this drug are numerous, of which their appearance and intensity in the morning is the most peculiar feature.

In getting the symptoms of the sick we often find symptoms that are common in the records of other drugs, standing out with prominence. The peculiar feature to such prominent symptoms must be sought by cross-examination before one can prescribe the true simillimum, but without a thorough knowledge of the individual features of the drugs in question, how is the examiner to proceed? If a solicitor is without knowledge of the law, of what value to him is evidence?

Complaint is made by many, of the seeming identity of certain symptoms of different drugs as shown by their provings.

The provings of a drug may well be compared to a wheel the peculiar features representing a shaft. If we have a case of disease to examine as to symptoms that presents a felloe or a spoke, of which every wheel has many, we have what will, by tracing it to its origin, lead us to the shaft, of which each wheel has but one.

If it so happen that we have never seen the central figure of a case in hand (and this may occur with the best of us,) will it help the case if we begin knocking out spokes in search of the right one?

The Nux vomica headache is often present on walking and wears away somewhat after rising and moving about the warm room; it is worse from exercise in the open air; head feels cold, wants it wrapped up warm; better in warm room, from sitting and lying down and from walking about alternately. Cough is aggravated by reading, mental exertion, worse after mid-night, in the morning, from physical exertion, cold air, lying on the back, from eating

and drinking, from tobacco smoking and from acids in the diet. Valuable in acute bronchitis and incipient tuberculosis ; cold beer excites cough, warm drinks relieve.

Over-sensativeness to strong odors; tenderness in sound teeth.

Ravenous appetite, likes fat food which agrees, (aversion to fat food which disturbs the stomach, Pulsatilla.)

Distress after meals occurs two or three hours after eating.

Region of the stomach sensative to pressure, must loosen the clothing.

Colic causes him to bend forward, similar to Arsenium.

Subject to constipation and hæmorrhoids.

Ineffectual urging to stool or frequent discharge of small, hard fæces. (The same is common to Belladonna with this difference that the urging does not cease after the stool.) Perfect relief after every kind of discharge from the bowels, is peculiar to the remedy. (Arsenicum has relief after every evacuation except diarrhœic discharges with burning anus.—Rhus tox, has relief after diarrhœic discharges and the relief is complete and permanent.)

Nux vomica is nearly specific for inguinal and umbilical hernia of children.

Sudden falling of the womb from strain. Labor pains too severe, causing syncope—patient feels a desire to evacuate the bowels as soon as pain comes on. Important remedy in first months of pregnancy, morning sickness, (evening sickness, if I may be allowed the expression, calls for Pulsatilla.)

Feeling in arms as if asleep, loss of motion of the arms at night, numbness and weakness of lower limbs.

Pain as if bruised in the lumber vertebra. Stitching pains between shoulder blades. Valuable remedy for rheumatism of the muscles of the thorax.

In fevers, gets chilly from the least motion even under the

covers of the bed; during chill, deadness of fingers and blueness of the finger nails; limbs feel paralyzed.

Falls asleep in evening hours before bed time; awakens at three o'clock A. M., lies awake for some time with crowding of thoughts, sleeps again at the hour of rising and gets up feeling more tired than before; wants to sleep when he should go to business.

DISEASES OF THE RECTUM.

LUTHER J. INGERSOLL, M. D., Denver, Col.

At the close of my article in the April number of the ADVANCE, reference was made to a patient who suffered greatly from pains reflected from a rectal ulcer. Before entering upon this article, in compliance with your request, I will indicate as briefly as possible the treatment pursued. I began by using Bell., Arnica, Hydrastis, and Hamamelis; in time the speculum was comfortably borne and an anti-irritating treatment continued to the surfaces about, and also within the ulcer. Pinus, Calendula, Iodoform, singly and in combination did good service. An occasional application of permanganate of potash, boracic acid or nitric acid, seemed to hasten the healing. Mild astringent injections were employed throughout with great comfort and advantage to the patient. The bowels were carefully guarded against constipation by the use of Nux. Lyc. and Bry. 30x. Under such a treatment one of the worst cases I ever treated, progressed slowly, but steadily. Now the lady regards herself in most excellent health.

THE LOCAL TREATMENT OF RECTAL DISEASES.

There is quite a disposition among physicians to condemn local or topical applications, or to regard them as simply and only palliatives in the treatment of rectal diseases. When one applies to us for help for a rectal disease, we may know that to him, at least, it is an *extreme case*, and our opportunity and our prejudice should not deter us

from using any and every means to relieve him quickly.

Because so many regard the local treatment of rectal diseases as quite needless and even unscientific, I wish to speak in its favor. I believe local treatment well selected and well administered, to be *necessary* for a certain and speedy cure. *It is also reasonable.* In bruises we all advocate and use Arnica *locally.* We bring the edges of a large incised wound together and hold them firmly in apposition by bandages, stitches, or plaster, or apply a "suitable dressing." We set broken bones and protect the parts from accident by splints, bandages and rests. These all are local aids to repairment, are helpful in all cases, and in most are indispensible.

When we bring the edges of a gaping wound together, and by some means hold them thus, we wish to exclude the air and to prevent suppuration; but back of all is the idea that if the wound is *closed* and kept in the state of *quiet*, granulation will be encouraged and the process of repair greatly hastened. Nature has taught us that if a wound is unprotected by suitable dressings or coverings, she will, if possible, do the work of a surgeon and cover the raw surfaces with her own dressing, (a crust,) for the purpose of giving protection and rest to the parts to the end that granulation may go on below, and to prevent the destruction of these tender germs by suppuration. Now supposing the wound to be healed is a deep, long fissure in ano. It is an actual wound, so sensitive the patient can scarcely control the sphincters over which it reaches. The air, a passing stool, or the manipulations of an examination throw those muscles into great and painful excitement. By the sensitive nerve the impression of pain is conveyed to the cord, and through the motor nerve strong contractions of the sphincters are awakened. This pain and unrest sometimes continues for hours. Now why not apply to the treatment of these wounds the same principles as to those situated upon the external surface. *They must*

have rest to granulate, and so fill up with sound flesh. They cannot be bandaged, nor the edges brought together and secured by stitches or plasters. And if they could, it would be the local treatment of a rectal disease, and hence condemned by some as unscientific. But, as some of these fissures have existed for months, and others for years, in spite of ointments, (which are locally applied) and internal, and therefore scientific medication, some other means, ought certainly be tried.

Suppose we touch the surface of the wound with a suitable solution of almost any acid or nitrate of silver, for the time being the nerves which caused the pain and contractions of the sphincters above referred to have been destroyed or put to rest. Also the lymph in the wound has been coagulated, and thus formed a crust over the surface of the fissure. This fosters granulation below and prevents their destruction by suppuration. This crust in effect does for the fissure what the stitches or plaster or suitable dressings do for wounds elsewhere, gives them quiet, excludes the air, and in a measure protects them from the excessive irritation of passing substances.

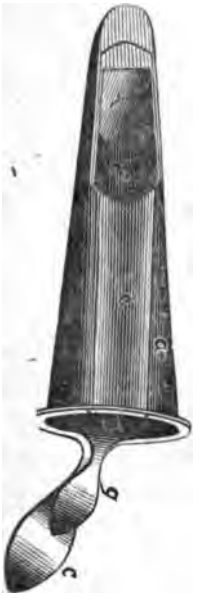
The secretions to which the diseases of the rectum are continually exposed are in a measure irritating in themselves, and so far poisonous. These must be prevented or neutralized. If external wounds not half so malignant or far-reaching in their effects *should be cleansed*, locally treated, protected by dressings, kept quiescent, why not the hateful fissure of the anus or the irritable ulcer which lacerates the sphincters above, and is the parent of the most intense sufferings, and more especially when by it comfort can be secured in a few minutes, and granulation thereby induced?

Why this abhorrence of local treatment of rectal diseases when it has proved beneficial here as well as elsewhere? Tell me and the profession why. What *real reason* or argument against it here that does not obtain elsewhere?

We do not ask for theories or guesses; give us facts, hot from experience. But probably the objectors to the local treatment of rectal diseases are mainly those who have *no experience*. They have never used a good treatment of any kind sufficiently long to know its merits or demerits. Like my fellow townsman, who is certainly old enough to know better, some claim to cure all these rectal diseases with a few doses of some remedy of fabulous potency. And yet this same man admitted he had never seen a fissure, fistula, hæmorrhoid or ulcer which he had so cured. He simply condemns all local treatment from principle. The opinions of such persons are not to be considered for a moment and I apologize for even referring to the views of such inexperienced and visionary extremists. It is not my purpose or wish to belittle constitutional treatment. Once that was my "hobby," nor could I abandon the "old darling" until multiplied failures drove me from her—senseless back. Years ago I cautiously began to treat all these rectal diseases locally as well as constitutionally; since then I have not been so often ashamed nor sorry to meet my patients, nor so often disgusted with an empty office and a hungry looking pocket-book.

The internal treatment of rectal diseases consists mainly in giving such remedies as relax the bowels, and thus secure a temporary rest to the diseased parts. Here the fissure may heal if it be small and of recent origin, but if large and has produced great irritation, it certainly will not be, while the old sacks of hæmorrhoids and the capillaries of the strawberry variety are simply emptied of their engorgements for the time being and so remain always ready to be refilled on the slightest provocation, when they will be restored to their former size and painfulness. But by a good local treatment they can be removed quickly, certainly, and in most cases with very little or no pain (a little cocaine applied *locally* with a camel's hair brush, renders the treatment of all rectal diseases very comfortable).

But probably most of this "abhorrence" of local treatment of rectal diseases grows out of the real fact that physicians do not possess a good speculum—one comfortably borne by the patient and satisfactorially operated by the surgeon. Certainly the bivalves and the fenestrated instruments are not suitable in any respect. I am glad to accompany this article with the cut of a thoroughly good speculum, which in my office has proved highly satisfactory for almost a year. This speculum, with other suitable instruments, will soon be placed before physicians, when I most sincerely hope a new era will come to the profession in the treatment of rectal diseases.



Description of Speculum.—A, outer shell; b, slot in slot at point of Speculum, which is opened by turning inner shell ready for examining or treating; i, incline plane or reflector, upon inner shell, which aids in treating and also enables Speculum to be withdrawn comfortably to patient; d, is a slide which closes slot in inner shell down to b. The slide can be easily and comfortably withdrawn to any distance if desired; c is handle to outer, and g to inner shell. Speculum opened by turning inner shell one-half way around, when it is ready for examining rectum or treating any diseased point. The Speculum is a gradual cone, diameter at base one inch, and 3½ inches in length.

But let me speak further in behalf of this local treatment. Rectal diseases when established are not physiological in their nature. They are rather *mechanical injuries*—in the fullest sense are wounds, and are produced by mechanical forces. Fissures, fistulæ, hæmorrhoids, and ulcers are emphatically wounds. To produce them there have been causes operative which have resulted in the des-

truction of tissue. As long as there was only an irritation or even an inflammation the whole trouble was physiological in nature and character, but when an abrasion took place by reason of some force a wound was left. This wound being still further irritated and probably poisoned by fæces and liquids covering it as a poultice, soon began to yield a slough, which was nothing more than a destroyed tissue. Here the disease has lost its physiological aspect and cannot be treated upon the same physiological principles as pneumonia or typhoid fever. Its treatment to be the most effectual should be directly to or within the wound to be healed.

Exactly as a skilful surgeon would cleanse any other wound, apply his antiseptics, his healing ointments, liquids, cerates, or suitable dressings, so here the physician should do. If local treatment is beneficial and necessary in surface wounds, much more desirable is it in rectal wounds, because they are less given to spontaneous healing.

Let me present another view in behalf of local treatment. All remedies have a preferred local action, that is, a stronger affinity for certain parts, than for other parts; Nux vom. for the cord., Arsenicum for the ganglionic nervous system, Bell. for the cerebrum, Nit. Acid for the mucous outlets, Collinsonia and Æsculus for the mucous membranes of the lower bowels and rectum, and so on through the Materia Medica. Now no remedy can heal an ulcer, fiissure, fiistula, or other diseases of the rectum if it have not a strong, direct action upon this part, or if it have not the power to induce granulation in a wound. In other words these wounds must be treated by wound remedies and not by physiological remedies. Like "broken bones" or "broken breasts" these diseases are local, not constitutional, and if at all, the constitution is involved secondarily, or sympathetically. And since it is possible to do so comfortably, the treatment should be applied directly to or within the wound to be healed, just as the dentist applies

his forceps or filling to the diseased tooth and not to the constitution. The treatment must be adapted in kind, form and quantity to wounds of mucous membranes, to inflamed surfaces, to enlarged capillaries and larger vessels, for such conditions always exist. It will then be found to be sufficiently constitutional. And experience, that stern autocrat of the medical man has shown that a suitable medication applied directly to these rectal diseases is much more effectual and rapid, than any simply constitutional treatment. This suitable direct local treatment speaks in *acts done*, in pains relieved, in wounds cured, in ulcers, fissures and fistulæ closed up, in hæmorrhoids removed, root and branch, in health restored to multitudes. While constitutional treatment, as such, speaks in theories, in hopes, in arguments, in beliefs, and in failures, it is disappointing in actual experience, relieving but few and curing a still fewer number, while the multitude, discouraged and despondent, have gone unhealed. This constitutional treatment has not failed because it was directed by the ignorant, but because no man, doctor or patient, ever lifted himself over the gutter by his own "boot straps."

When better instruments are in the hands of physicians by which they can minutely inspect and comfortably treat every part of the anus and rectum, when they more fully comprehend the causes, nature, and effects of rectal diseases, this abhorrence of a judicious local treatment will certainly yield to the good sense of the wise, intelligent physician, and a better day dawn upon our long suffering patients.

HOMŒOPATHY IN ANAL AFFECTIONS.

WM. JEFFERSON GUERNSEY, M. D., Philadelphia.

No part of the human anatomy is more abused and maltreated by so-called Homœopathists than the anal region. Yet some of its diseases yield with such astonishing quick-

ness to the carefully selected remedy that one having experimented thus can hardly imagine why his brother-practitioner, (*step*-brother,) should persist in groveling in the ignorance of Allopathy, more properly styled Empiricism. The writer was once asked by a physician ten years his senior, "did *you* really ever cure a case of piles with internal medicine," and felt like replying—did *you* really ever *try*. The highest potencies act with wonderful precision in such cases, and a great majority of our men who treat these disorders solely by internal medication, make exclusive use of them.

Hæmorrhoids should never be treated by topical applications or surgical means. One record before me is of a man aged 39 years, whose sensations and pains were not marked but whose peculiarity existed in the protrusion of the piles *every time he urinated*. Five powders of Baryta carb. 45m (Fincke), relieved in a short time.

Another man, of about 45 years, complained of itching and soreness with swollen piles which were terribly painful *on walking*: he could sit, stand or lie, but could not take a step without agony. Five powders Causticum, 45m (Fincke). The next day I met him out walking, but not well. The day following, however, he was entirely free from the trouble, and has remained so.

Muriatic Acid, has great aggravation from walking, but more on account of sensitiveness (tenderness,) than from actual pain. I remember particularly well one case where this extreme "touchy" feeling was complained of and where no position of relief could be found, in which a wonderful change for the better was obtained in a few hours by Muriatic Acid 50m. (Swan).

Ignatia has very painful piles, worse sitting and standing, *relieved* by walking.

Æsculus hip. also has painful hæmorrhoids but accompanied by burning, and perhaps the characteristic sensation of "sticks in the rectum."

Aloes is not recorded as particularly indicated for itching with this trouble, but I have obtained marked results where this sensation was prominent, and in patients who were "subject to" piles, and who feared their recurrence from the itching. (Sulphur also.)

Sulphur c.m. (Fincke), or Sulphur m m. (Boericke), has cured scores of cases for me when a *moisture* existed after stool. From three to five doses is usually sufficient.

Prolapsus ani will yield quickly to our remedies. The number of cases that Podophyllum m. (Tafel), and 45m and c.m. (Fincke), have cured in quite young children, where the rectum *remains protruding for a long time* is marvelous. I remember a case of my father's where the bowel protruded nearly a foot, and was stangulated with indications of sloughing. The patient was a boy aet. about 14 years, and a sufferer from spinal curvature. Podophyllum was given, which was originally of the sixth cent. (Boericke) but had been emptied and filled with globules wet by alcohol during twenty-five years of practice until the attenuation had reached an indefinite figure. The medicine was used in water and acted beautifully. After sloughing, which was inevitable, a rapid recovery followed, and fairly good health (considering his deformity), lasted till his decease from other causes some four years later. Podophyllum is of great use in this disease complicated with prolapsus uteri. The following indications are valuable:

Aggravation during stool: Calcarea carb. and Podophyllum.
—— during diarrhœic stool: Mercurius sol.
—— during hard stool: Lycopodium and Podophyllum.
—— after stool: Ignatia and Podophyllum.
—— during micturition: Muriatic Acid.

Fistula can also be cured by medicine, but is not so rapid in its response. I have so greatly relieved many

cases that the patients would cease to take medicine and report months after that while not well, they were so comfortable "down there" that they did not think it "worth while" to take anything more for it. Berberis 5c. (Tafel), Fluoric Acid 5c. (Tafel), Petroleum 50m. (Fincke), Sulphur c. m. (Fincke), Sulphur m. m. (Boericke), have acted most favorably with me, although other remedies, notably Aurum, Causticum, Kreosote and Thuja are often useful.

Repertories and personal memoranda should always be consulted in prescribing for these troubles, and the case studied then not only under the heading of the disease itself but the sensation and pains of that particular region. Above all, that symptom which strikes the physician as being most *peculiar* and *unlikely to occur* in the disease, or if none such exist, the one *most complained of* should be the guiding symptom in the choice of the remedy. That there are many who call such treatment "moonshine" I am aware, but so long as those men whose intellect I admire and whose remarkable success I hope feebly to imitate, tread this path, and while I find the results so satisfactory, I shall not leave it for the benighted ways of eclecticism.

HÆMORRHOIDS.

G. W. SHERBINO, M. D., Abilene, Tex.

There are few affections that the physician is called upon to treat in which the temptation to resort to local treatment and topical applications, is stronger than in this disease. And, so far as my experience goes, there is none that will more promptly yield to the true simillimum, or better repay a careful individualization than haemorrhoids; none in which the efficacy of the single remedy or the truth of Hahnemann's directions to prescribe for the totality of the symptoms of the patient and close your eyes to the disease, can be more clearly or satisfactorily demonstrated. Not-

withstanding the craze for the "patent treatment" of Brinkherhoff and other specialists, I have never had occasion to resort to anything but the indicated remedy, and think the results will compare favorably with those of any specialist. I have not always succeeded with the first prescription, and like others perhaps have had many a weary search for the right remedy. But I know the "Law of Cure" as promulgated by Hahnemann is true; and if a cure does not follow, the prescriber, not the law, is to blame. You cannot cure with the *wrong medicine* in any potency or any quantity. It is not a question of potency so much as a question of selection. To cure a case of hæmorrhoids, or any other disease we cannot do better than to select our remedy from the totality of the symptoms, irrespective of their anatomical location.

CASE I.—A medical student aged 30. Had been a sufferer from rectal troubles for several years. The hæmorrhoidal excrescences were below the sphincter, very sore and highly inflamed; and the pains were so severe and his suffering so great that he was confined to his room. I prescribed several of the common remedies without any relief. One morning on calling he said, "I have a very offensive odor from the anus. I can scarcely endure it." There was a constant oozing of moisture from the anus of the odor of *fish brine*. He received a few doses of Calcarea ost[200] and in a few days left home cured, to attend a course of lectures. The trouble has never returned.

CASE II.—The patient has been troubled for six or eight years with what he supposed to be "seat worms." There was a crawling, tickling, itching of the anus, depriving him of sleep at night. The only thing that would afford even temporary relief was an enema of cold water. Bowels only move at night. Some nights has to get out of bed to go to stool. A symptom from which he was never free, was a sensation as though the rectum contained particles of *sand* or *gravel*. He had suffered much from many kinds of

treatment, and despaired of ever obtaining relief. Digital examination revealed the tumors above the sphincter with an abundance of enlarged hæmorrhoidal veins. Collinsonia can. 3x cured promptly and permanently.

CASE III. Mrs. ——, aged 32, light brunette of a highly nervous temperament. Has been married fourteen years. Menstruation began at thirteen and for two years was normal; then she began to suffer with dysmenorrhœa, menses too profuse and delayed, attended with violent backache and frequent micturation. Constipation for six months, followed by a diarrhœa which was suppressed by a regular (?) physician. Bowels were again very much constipated, would not move for a week unless enema were used, with almost unbearable pain and spasmodic contraction of the sphincter ani for hours after each stool. The pain was sticking, tearing, ripping, cutting like a knife; or at times burning, stinging, piercing like a thousand needles; radiating to the perineum and vulva, up the rectum, and often so severe as to produce syncope. Twelve hours after stool the suffering would still be intense. Stools were occasionally blood-streaked, but there never was much bleeding.

Has been at several water cures, twice at Hot Springs with some benefit, but after returning home soon suffered a relapse, each time with an aggravation of her previous condition.

Her medical advisers had informed her that the pain in the rectum was due to uterine pressure; that there was prolapsus, anteflexion, retroversion, to which all her rectal and anal suffering was attributable. Examination with rectal specula revealed three linear ulcers on the posterior wall of the rectum about an inch in length, with a well formed club-shaped papilla; the uterus a little lower than normal with slight anteflexion; no leucorrhœa or discharge of any kind. Dr. Ayers' work on "Diseases of the Rectum" says: "That some authors specify the time during which this disease may be curable without an operation. If it has

existed three months they say the attempt is useless." But really the time is of little importance; the question is, what pathological changes have been brought about.

Dr. H. N. Guernsey says: "The diseased condition results from some constitutional dyscrasia; its cure should not be attempted by surgical means. Its homœopathic treatment results in a *cure*, while its surgical treatment is merely temporary and may be followed by disastrous consequences, just as the cure of anal fistula by operative procedure is often followed by pulmonary disease." *

On being informed of what I considered the true condition of her case, the patient requested a thorough trial with the indicated remedies before submitting to an operation.

I was called at night. Her menses had appeared (was always worse at that time) and she was satisfied that the uterus was pressing against the rectum, causing the terrible pain and tenesmus. I was convinced the symptom was purely subjective, but to give immediate relief ballooned the vagina, which has often relieved her.

January 3, I began treatment, giving various remedies (Sulphur, Lilium, Helonias, Arsenic, Nitric Acid, Lycopodium, Belladonna, Ignatia, Collinsonia), according to indications until February 25, when I was called in great haste and found that the bowels had moved in the morning, followed by intense pain. I found her speechless and almost pulseless. For several hours she did not utter a word, but had frequent sighing. I gave her Ignatia[30] every half hour until relieved. She was very much depressed, discouraged, and thought if she was at Hot Springs she would soon be relieved. I confess I had despaired of curing her with medicine, and had almost decided to paralyze or cut the sphincter. She complained of every kind of imaginable pain; heat, burning, itching, pricking, as if some

*Her aunt was operated on for fistula in ano, and soon after perished from pulmonary tuberculosis.

one was pinching with sharp finger nails, with terrible tenesmus; rectum seemed swollen, and as if full of sharp sticks or some foreign body. Here were a train of symptoms of Æsculus which I had never before observed, but the characteristic sacro-iliac backache was absent. I gave her three powders of Æsculus[30], to be taken dry on the tongue. Her bowels soon after moved passing a quantity of water taken as injection the previous day, but which, until now, the contracted sphincter firmly retained.

The next day she said: "After my bowels moved yesterday the sphincter felt more natural than for months. Bowels moved naturally this morning, pain all gone." And she is the happiest woman I ever saw.

March 15. No more constipation. Pain all gone, bowels regular, is rapidly gaining strength.

April 16. Called at my house, feels perfectly well in every respect, says she is a well woman. So long as we can obtain such results from homœopathic treatment why resort to the best Allopathy can furnish—empirical guessing and topical applications? And what would our allopathic brethren not think and say of us if we treated a patient twelve years for uterine trouble, when the uterus was innocent and the seat of the difficulty entirely in the rectum? So much for diagnosis.

The following from Dr. W. J. Guernsey's "Repertory of Hæmorrhoids," I have found so true in my practice that I cannot refrain from making the quotation: "For several years I have kept minute records of Hæmorrhoids (as of other diseases), and on referring to these I find but very few not cured by the first prescription, and not one, however stubborn under other treatments, that (with careful study) has not yielded to a few prescriptions of the homœopathic simillimum, unaided (unmolested) by *any* local application.

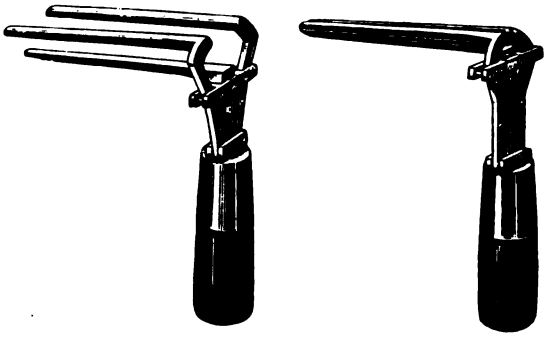
Nor have I once found any surgical interference necessary. In illustration of the efficacy of "individualization,"

Dr. Lippe a short time since related to me an account of his having prescribed for four patients for "piles," all brothers, all lawyers, all high livers, and all whisky drinkers, and yet not one of them received the great anti-alcoholic *Nux.* Each of the four was given a different remedy in a single dose, and each was cured promptly by the first prescription. Note the "totality of the symptoms," give the "single remedy" in the "minimum dose," and relief, both prompt and sure, will follow in *every* case.

[In the case last mentioned by Dr. Sherbino, had he operated when both he and his patient felt so desperate, it might have gone down to history as one of those cases in which "everything had been tried" (except *the* homœopathic remedy) and an operation for ulcer or fissure finally performed as a *dernier resort.* It might then have very properly been classed as a case in which Homœopathy had failed to cure a rectal ulcer, and local treatment or surgical means had to be used.—ED.]

COOPER'S RECTAL SPECULUM.

This instrument, an illustration of which is given, is the invention of W. D. Coooper, M. D., of Wayne, Mich. It



is a tri-valve speculum, and consists of three small ovoid-shaped blades four and a half inches long, and when united

for introduction is less than half an inch in diameter. It is capable of being distended two by two and a half inches after introduction, by means of the screw in the handle, and can be used either as a rectal or vaginal speculum. With it the sphincter can be readily paralyzed for physiological rest, if desired. From its small size its introduction is painless, and not dreaded by the patient. It is a neat looking nickle plated instrument and is to be had of the inventor.

GAVAGE AND LAVAGE.*

H. W. CHAMPLIN, M. D., Chelsea, Michigan.

Gavage:—Introducing liquid food into the stomach by means of the stomach tube.

Lavage:—Washing out the stomach by means of the tube.

We believe that these measures for the treatment of certain diseased conditions have been but little tried in this country. Dr. Debove, of Paris, and other French physicians have given these methods quite an extensive trial and report favorably. Dr. Henry B. Millard of this country has also written upon the subject.

Perhaps all have recognized it as a rule that ones natural desires and aversions should be considered, and that repugnance to food was natures warning that the stomach needed rest or aid. We also recognize the fact that good digestion is favored by food being rendered palatable. Conversely; unpalatable food often incites indigestion and even nausea and vomiting. How these results follow we hold a decided opinion, but, cannot introduce it here without digressing too much from our subject. In hysterical and nervously sensitive subjects, especially females, the stomach tube affords us a means of nourishing those who have a great

*Read before the Central Michigan Homœopathic Medical Society at Jackson, July 21, 1885.

repugnance for food, but whose stomach's are sufficient for the task of digestion. The writer has not had an experience of many cases, but a considerable experience in one case which accords so closely with the recorded experience of other practitioners that we believe we are justified in presenting it to you.

This particular case was and is one of Phthisis Pulmonalis, complicated with about all the maladies woman's flesh is heir to. She has been under our treatment about three years. Has been sick much during the forty-five years of her life, —has suffered many things of many physicians— anorexia has always been a prominent symptom. We had often wondered how life could be sustained by so small a quantity of food and drink. Had given great attention to feeding the patient recommending the most palatable and easily digested natural and artificial foods, with but little success. Rectal alimentation was also resorted to. A swallow too much of milk or other food would excite vomiting, which was a daily symptom. The ingestion of food was always followed by excruciating pain in the stomach which would last several hours. There was no desire on the part of the patient for any kind of food. She ate only from a sense of duty. She could not even take sufficient drink to furnish water enough to maintain the organs of the body in a healthy condition.

After considerable hesitation and with some misgiving, we obtained the consent of our patient to use the stomach tube. The process of using the tube is as follows: First the tube should be from forty to forty-eight inches in length, about one-half inch in diameter and perfectly flexible. It is immersed in warm water or milk, and the point of it put well back into the pharynx and the patient commanded to make efforts at deglutition. It should be gently pushed downward until the point reaches the greater curvature of the stomach. The other end containing a funnel should be raised above the level of the stomach when the

liquid used can be introduced. We are in the habit of washing out the stomach before introducing the nourishment, by lowering the funnel end of the tube below the level of the stomach. This should be done after about a pint has been allowed to enter the stomach, and the tube and funnel still full. We use water at a temperature of 105° to 110° F. This water can be medicated if desired. Lavage should be continued until all mucus, sputa and undigested food if any are washed out. In the above case purulent sputa and gastric mucus in considerable quantities were brought away by means of lavage. The stomach was then in much better condition for food. This patient had often declared that her stomach had not capacity for a teacupful of milk. By means of the tube a pint of hot milk was introduced, followed by a comfortable sensation instead of the heretofore inevitable pain. *Coughing and gagging, which had always caused vomiting, had no such effect now, no matter how violent.*

The patient continues to use the tube once or twice a day, using it readily herself. Whenever taking food in the natural way is followed by pain or indigestion, she washes out the stomach with hot water, removing the undigested matter. Sometimes undigested food is found four hours or more after eating.

For gavage, liquid food only can be used. The writer has used principally, milk, raw eggs and Beef Peptonoids (Reed and Carnrick's). The benefit in the above case has been marvelous. Large quantities of nutriment were administered, whereas, previously if a very little food were taken it was generally vomited, exhausting the patient with no benefit.

Too many consumptive patients are the victims of heroic dosing. Their stomachs are injured by the medication so that nutritious food, which is far more essential for them than the medicine cannot be taken. The most important thing that any physician can do in consumption, is to sup-

port the patient with proper food, and thus ward off the disease and prolong life. Lavage and gavage afford us an excellent means of doing this.

Lavage can also be used with benefit in gastritis, ulcer and carcinoma of the stomach. The relaxed and weakened walls of the stomach can be toned up.

Many a case of severe pain in the stomach, generally called colic or gastralgia, can be relieved by emptying the stomach, using hot water freely. The nausea and vomiting of pregnancy can probably be relieved many times by freeing the stomach of acid mucus or undigested food, and liquid nutriment introduced through the tube.

The stomach tube by its siphon action is superior to the ordinary stomach pump for removing poisons from the stomach. The stomach can be completely emptied and no harm done its lining membrane.

POISONED TOMATOES.

H. H. CRIPPEN, M. D., Detroit.

The cheapness of canned tomatoes having brought this commodity into very common use as a substitute for higher priced vegetables in the winter season, it now becomes a duty that we, as guardians of the health of the public, insist that due precaution should be taken in their preparation to provide immunity from all possible sources of ill health, be it from corrossive poisoning or from the presence of spoiled fruit.

This is brought more forcibly before us by six very interesting cases of poisoning from the use of canned tomatoes, which recently occurred in the practice of Dr. J. G. Johnson, of Brooklyn, N. Y., and was made the subject of a paper read before the Medico-Legal Society, of N. Y.

These cases all occurred in the same family, the worst being that of the daughter Theodora; the suffering appear-

ing to be from a severe gastro-enteritis, the abdomen being intensely tender, the tongue fiery red, the tenesmus very severe, so much so, that prolapsus of the rectum occurred from the severe tenesmus, during ineffectual efforts to pass the contents of the bowel. Following this ensued stupor, passing into coma so profound, that she could not be aroused, even to a quiver of the eyelids, by taking the hair in front of the upper portion of the ear and lifting the head from the pillow. About a week after partaking of the tomatoes, severe and continuous epileptiform convulsions set in lasting until two days later, when the bowels began to move and a dark, tarry, black fluid passed. During all the time of coma and convulsions the patient was drenched with an exhaustive sweat, while the pulse assumed a thready character. Following the dark stools were bloody passages not dysenteric, but hemorrhages of large amount mingled with tarry matter. After the coma passed away there was found an impairment of the nerve force of the left arm which gradually regained its normal power.

Besides these symptoms, a swelling the size of the fist appeared in the left iliac fossa but fortunately subsided without forming an abscess.

The lunch which so nearly proved fatal consisted of bread and butter, and tomatoes which were cooked in a stone jar, precluding the idea that they may have taken a poisonous character from being cooked in a copper kettle. Others had eaten of the same bread and butter, but not of the tomatoes and were not taken ill. This confined the poison to the tomatoes and the symptoms point to those that follow corrosive poisoning, which Dr. Johnson very properly concludes was the prime factor in his cases.

Having had three years experience in connection with a large fruit cannery of California I can say something, both explanatory and in corroboration of the Doctor's conclusion. A short description of the processes employed will perhaps render it clear.

The ripe fruit is dipped in scalding water, the skins removed and it is sliced and packed in cans. These cans are soldered inside with a solder composed of about 60lbs of tin to 70lbs of lead, leaving thus a considerable amount of lead in the alloy which may be acted upon by the natural vegetable acid of the tomato.

That the solder may have a clean bright surface with which to unite, a flux of resin is used; a different, and more proper method from that in which the cap is fastened on. After the fruit is packed in the cases the cap is soldered on; in this, a solder, made softer by a larger proportion of lead, being used; while the edges of the cap and the groove in which it fits are cleaned by the use of a brush wet with the muriate of zinc.

This fluid is prepared by throwing pieces of zinc into pure commercial hydrochloric (muriatic) acid; no fixed relative quantities being used, free hydrochloric acid often exists in the solution,

The tomatoes frequently splash over the edges of the cans so that those at work often use their brush, which has been dipped in this poisonous liquid, to clear off pieces of the fruit. Then again the temptation is to use a large quantity of the liquid on the brush, that the labor of spreading the solder even may be lighter. The hot iron being applied to this, I feel sure there can be no doubt but that large quantities of the muriate of zinc, with perhaps some free muriatic acid, are many times forced into the can to mingle with the contents.

After the cans are sealed in this manner they are put into a vat of boiling water to cook, a small hole being left in the cap to allow the air to be driven out by the steam. When cooked, and the air-hole sealed, they are taken to the cooling room and dumped on the floor, being tested after cooling to ascertain whether hermetically sealed. Such cans as are not air-tight give a tympanitic sound on being lightly struck with a metallic rod; in case fermentation has

commenced with the formation of gases, its presence is shown in the condition of the top of the can which bulges from the effect of the pressure within. This condition is known as a "swell-head," which together with the defective cans are again cooked and sealed up after the leak has been found and soldered.

From these processes it is evident that the sources of poisoning from tomatoes, and indeed any canned fruit, would be three in number; first, from a solution of lead produced by the action of the acid of the fruit upon the solder; second, from the presence of muriate of zinc, which the symptoms indicate as the poison in the cases which have been given; third, from the spoiling of fruit in the can by the overlooking of a leak, in which case the symptoms would partake of the nature of a cholera morbus attack.

To avoid these dangers, it would be well in making a purchase of canned goods, to give each one a careful examination, rejecting such as do not show a line resin amalgam around the edge of the cap, similar to that on the seams on the body of the can. Reject, also, such cans as give a rattle on pressing on the bottom of the can. A sound can gives a solid feel on being pressed, while if gas from decomposing fruit be present, the tin will rattle on pressing up the bottom of the can from the displacement of the gas within.

This doubtful condition of the canned goods trade will probably correct itself in time, even without legislation on the subject, as the public become aroused to a sense of the danger incurred from the use of improperly packed fruit. In many sections the people are already becoming demoralized by the occurrence of frequent cases of poisoning, and will, in a measure, "boycot" these goods, causing the trade to suffer, and the manufacturers, in their own interest, to correct the existing evils.

The legal aspect of this question is equally interesting

with the hygienic measures that should be employed to prevent the presence of any unwholesome goods in the market. In Elwell's *Medical Jurisprudence* we find this principle of law: "It is a well established principle of law that a vender of provisions for domestic use is bound to know that they are sound and wholesome, at his peril."

Also in Blackstone: "It is equally an elementary principle that in contracts for the sale of provisions, the party, by implication, who sells them, undertakes to guarantee that they are sound and wholesome." He further says that "injuries affecting a man's health are, when, by any unwholesome practices of another, a man sustains any apparent damage in his vigor or constitution, as by selling him bad provisions or wine; by the exercise of a noisome trade, or by neglect or unskillful management of a physician, surgeon, or apothecary, these are wrongs or injuries unaccompanied by force, for which there is a remedy in damages by a special action on the case."

The original manufacturer is the one responsible for damages, not the grocer who innocently sells the goods, relying upon the correctness of the label. However, should the parties through whose hands the goods pass, become aware of the dangerous nature of the article, then the responsibility of the unlawful act cannot be avoided. It becomes apparent from this that canners can be made liable for damages for the use of harmful substances or poisons, such as muriate of zinc, in their manufactured wares; damages not only to the actual amount, determined by a jury, that a party has suffered from the use of their goods, but damages to such an amount as to make an example of the wrong-doers and deter others from following in the use of such dangerous means in any preparation.

OHIO STATE SOCIETY.

SYNOPSIS OF PROCEEDINGS.

The society was called to order by the President, Dr. R. B. Rush, who delivered his annual address, which was followed by a report from the various officers. The bureau of

CLINICAL MEDICINE

presented the following papers: Catarrhal Phthisis, C. E. Sawyer, M. D.; Cases from Practice, E. V. Van Norman, M. D.; Cholera, Its treatment during previous Epidemics, J. P. Geppert, M. D.; Malaria, C. C. White, M. D.; Typho-Malarial Fever, R. N. Warren, M. D.; Diphtheria, J. D. Harris, M. D.; Abscess near hip joint from roller-skating, H. W. Carter, M. D.; Clinical cases, J. D. Grabill, M. D., of Union City, Ind. Two other papers were read by title and referred, which closed the forenoon session.

AFTERNOON SESSION.

The afternoon opened with an address of welcome by His Honor Mayor Smith, responded to by Dr. Beckwith, of Cleveland. Dr. Lounsberry, of Cincinnati, then addressed the society on behalf of the city members, bidding them welcome, which also elicited a response from Dr. Beckwith, who gave an interesting account of the first meeting of the society in 1854, when it had eight members. Now it has over two hundred.

From the Bureau of Pædology; Spina Bifida and its Anti-Natal Treatment, L. G. Griste, M. D., and Infantile Paralysis, T. G. Barnhill, M. D., were all that were read. Dr. Barnhill succeeded in presenting a paper which elicited a lively discussion.

From the Bureau of Sanitary Science the following papers were read: As Sanitarians, what is the best method of Disposing of the Dead, D. H. Beckwith, M. D. Dr. Beckwith reviewed the different methods at length, but decided in favor of cremation. One objection cited was, that the gasses emanating from cemetaries in times of

epidemics materially assisted in the spread of the disease. Dr. Sanders offered some strong objections to cremation and had serious doubts as to its advantages over the present method.

"The Grounds of an Etiologist's Faith," by E. R. Eggleston, M. D., of Mount Vernon, was next presented. Dr. Eggleston claimed that the movements of the planets affected health. He said, in this connection: "It being established that Jupiter passes at his nearest point to the sun at intervals of twelve years, Saturn at thirty, Uranus at eighty-four, and Neptune at one hundred and sixty-four, the combinations of these seasons of nearest approach represent the periods of terrestrial disturbances." Dr. Buck, of Cincinnati, coincided with this belief.

The Bureau of Materia Medica reported the following papers: "Death from poison administered from the sting of a Bombus," by Dr. Hunt; "What constitutes a scientific prescription?", E. R. Eggleston, M. D.; "A study of Jaborandi," Wm. Owens, M. D.

From the Bureau of Ophthalmology and Otology: "Ophthalmic mistakes," W. A. Phillips, M. D.; "Glaucoma," F. H. Schell, M. D.; "Some points in diagnosing eye affections," G. C. McDermott, M. D.

THURSDAY—MORNING SESSION.

After a report of the Board of Censors, the necrologist, D. H. Beckwith, M. D., made his annual report. A tribute of respect and eulogy was read by Dr. Sanders, of Cleveland, on Hamilton Ring, M. D., of Urbana, deceased, late member of the society. Remarks were also made by Drs. Buck and Van Norman on the same subject.

The Bureau of Anatomy, Physiology and Pathology, was opened and the following papers read:

"Thoughts on the Origin of Life," by Sarah Gilliland, M. D., of this city.

"Blood Changes in Cholera," by J. D. Buck, M. D.

"The Evacuations in Cholera," by J. W. Crawford, M. D.

"Specimens of Pathological Kidneys," by W. T. Miller, M. D.

"The Pathology of Surgical Kidney," by C. E. Walton, M. D.

Bureau of Surgery comprised the following:

"Have We a Homœopathic Surgery?" by M. H. Parmelee, M. D., of Toledo.

"An Operation for Enuresis," by C. E. Walton, M. D.

A discussion followed Dr. Walton's paper, taken part in by Drs. Claypool, Warren, Parmelee and Walton.

Election of officers for the ensuing year resulted as follows: Dr. Beebe, President; Dr. Claypool, First Vice-President; Dr. Childs, Second Vice-President; Dr. Chas. E. Walton, General Secretary; Dr. H. A. Chase, Assistant Secretary; Dr. Miller, Treasurer; Censors: Drs. Phillips, Van Norman, Eaton, Logee, Snyder, Barnhill and Parmelee.

THE AFTERNOON SESSION

opened with the reading of the following papers from the Bureau of Obstetrics:

"Conduct of Labor," by M. M. Eaton, M. D.

"A Few Points of Importance in the Conduct of Breech Labor," by J. C. Sanders, M. D.

"The Use and Abuse of Antiseptic Injection During the Puerperal State," by S. R. Geiser, M. D.

"Lactation," by Wm. Hoyt, M. D.

From the Bureau of Gynæcology was reported one paper by Dr. Claypool.

A discussion on Dr. Claypool's paper was participated in by Drs. Eaton, Walton and Beebe. This finished the work of the two day's session.

Thanks were returned by the visiting physicians to the physicions of Cincinnati for the efforts that had been made to render their sojourn pleasant.

The members then adjourned to the Palace Hotel to partake of a parting token of hospitality in the shape of a banquet, tendered them by the homœopathic physicians of this city, which was in every way a success.

SCLERODERMA.

A. F. RANDALL, M. D Port Huron, Mich.

May 11, 1885, was called to see A. C— age about 32. About three months before he caught cold he thought and had a sensation in his face as though the skin were *tightly drawn.* This has gradually increased until it involves his face, neck, both arms, and muscles of the trunk down to his hips, presenting a "feel" of stony hardness, and a dusky redness.

Pressure on the abdomen gives a feeling as if a stone were there. Muscles are becoming stiff and their usefulness much impaired. Turns his head with difficulty, can open his mouth but little and can but imperfectly flex the joints of his hands, elbows and shoulders.

Diagnosis: Scleroderma.

He had been a sailor, also for six years, constable and fireman. For twelve years has had a large ulcer on each leg above ankles, caused by an injury. Has never had venereal disease, though not from lack of opportunity. Drinks beer to excess. Rhus tox. seemed indicated by the skin symptoms as well as by his exposure to wet and cold. Patient cannot be persuaded, however to stick to any treatment so that I have no hopes of effecting a cure.

Scleroderma seems to be a very rare disease, one author stating that but fifty cases have been reported in a century.

Fox in his "Photographic Illustrations of Diseases of the Skin," describes it as "a diffused induration of a tract of skin and its adjacent tissue. The affected part first becomes stiff and later assumes a certain density and tension which is well expressed by the word "hide-bound." He also states that there exists an acute affection of the skin, in which hardening of the integument takes place rapidly over a large part of the body and disappears in a short time. This must be distinguished from Scleroderma, and may be designated Scleriasis or Sclerema, the latter of

which terms has been applied to a similar affection occuring in infants (Sclerema *Neonatorum*)." He compares it with Morphœa.

DaCosta compares it with Elephantiasis. He thus describes a "case of this strange affection;"

"The swelling was firm and resistant and did not pit on pressure. The skin covering it was very smooth and of redder hue than at other portions of the body. Gradually the hands, particularly the fingers, were found to be more resisting and immovable and she could scarcely bend them; occasionally they were the seat of pain. The skin lost all suppleness and could not be raised up. Examined after death, the skin over the diseased parts was firmly united by the dense and augmented areolar textures to the muscles beneath."

I have examined about fifty volumes of journals and found four cases, three in the "Medical Record" and one in the "Investigator" for March, of Sclerema, but which appear to be, however, but a case of infantile erysipelas. The prognosis and treatment in old-school hands seem to be uncertain,—sometimes recovering without treatment—but generally they employ the galvanic current which apparently is of benefit, or give Arsenic.

A NEW POTENTIZER.

This machine is the invention of Dr. R. B. Johnstone, Pittsford, N. Y. It consists of a pump lined with nickel, and so arranged that the quantity thrown at a single stroke may be regulated to exactness. It completes the throw in one quarter of a revolution, being one-half the time required with a pump in common use, thus giving more time to finish the balance of the work necessary to a properly made potency. The potentization takes place within a glass tube three and a half inches long by one inch in diameter, which is held securely by a long tripping arm; both

ends of the potentizing tube are closed by disks of fine cork. The *modus operandi* is as follows ; one drop of the remedy to be potentized is placed within the potentizing, tube, the tube having first been supplied with the required quantity of alcohol or water. The crank is now turned and the tripping arm is lifted, and falls with a heavy blow upon a block of rawhide or lead. This blow occurs from two to six times according to the will of the operator. The arm and tube now move forward. The top and bottom disk of cork now leave their seat, leaving both ends of the tube open to discharge its contents. The lower disk falls back to its place, closing the lower opening. By this time the tube is directly under the discharge pipe. The pump now descends and throws into the tube the requisite quantity of water or alcohol and instantly the arm and tube moves back to its former position and one potency is counted upon the register. The tube now receives its succussion, empties, fills and registers for the second potency and so on indefinately.

Nothing but glass and cork come in contact with the potency, no rubber or other flexible tubing is used and nothing but nickel comes in contact with the water or alcohol used. The pump works without oil so that the water is not contaminated in that way. Any potency can be made either upon the decimal or centesimal scale; one potency a minute with three succussion strokes is about the average.

A remarkable feature is the register which counts and registers each potency made and the true Hahnemannian scale (H. S.) is made in exact imitation of hand-made potencies.

EDITORIAL.

MEDICAL EDUCATION.—This question may be "threadbare" and to many of our readers of little interest, yet like Banquo's ghost "it will not down." The annual college

announcements remind us that another session is near at hand, and from a perusal of many we see very little evidence of a practical elevation of the standard of medical education in this country. Our college faculties appear to forget that there are more doctors in the United States in proportion to the population than in any other country in the world, and that *quality* rather than *numbers* is the demand of the present. While this statement applies chiefly to the dominant school, yet the financial effect of over-repletion is being rapidly brought home. But as Dr. O. W. Holmes (Boston Med. and Surg. Journal, Jan., '82), says: "A school which depends for its existence on the number of its students, cannot be expected to commit suicide in order to satisfy an ideal demand for perfection," and so many of our American colleges are of this class that without appropriate legislation in the several states little improvement can be expected or looked for.

In a recent address on "A Higher Standard of Medical Education and Licensure" before the Convocation of the University of N. Y., Regent W. H. Watson, M. D., of Utica, gave some plain and practical facts worthy of careful thought. The entire address is so *apropos* that we quote freely.

Dr. Watson first showed that the scope and relations of the medical profession demand a high standard of medical education in its candidates in order to insure the greatest efficiency to the profession, and conclusively demonstrated that the present standard in that State and country is so low, both in the abstract and in comparison with the other learned professions, as to have given rise to an urgent demand for its elevation both from within and without the profession. He made use of striking quotations from Chancellor Pierson, of the University of New York, and President Eliot, of Harvard University.

"Says Chancellor Pierson at p.40 of the 97th report of the Regents of the University of the State of New York:

"A strong sentiment in favor of a better preliminary preparation for the practice of medicine is exhibited. We regret to say, yet feel bound to say, that no class of professional men entering upon professionol life with degrees conferred upon them by authority of law, by institutions duly organized and chartered by law, are so ill-prepared in all fundamental knowledge and in those preliminary studies which form the basis of educated men as are those of the medical profession. Yet no profession demands so much careful judgment, such keen sagacity, such wise discretion, such prudence and skill in judgment, such maturity and broad learning as those who practice the various departments of medicine and surgery."

"Says President Eliot, of Harvard University, in his report for 1879–1880: An American physician or surgeon may be, and often is, a coarse and uncultivated person, devoid of intellectual interests outside of his calling, and quite unable to either speak or write his mother tongue with accuracy. What wonder if, under these circumstances, the degree of doctor of medicine, has not heretofore been universally accepted as a passport to refined society?"

Regent Watson attributes the existing state of things to the fact that there is no standard of qualification for entrance into the profession, except that which the 123 medical colleges in the United States (12 of which are in New York) may choose to adopt, and stated that in only about sixty per cent. of these is any examination required preliminary to the study of medicine, and that in most of the cases where any is required it is of the most elementary kind. He shows the utter absurdity of allowing a teaching body to be also an examining or a licensing body, as follows:

"Beyond all question, the intent of the laws now in force in this State relative to the medical profession is to maintain such a grade of qualification as shall insure the attainment of that sound medical education which is essential to all physicians. That they fail in accomplishing their purpose cannot be denied. The reason of this failure is very obvious. The State, in the case of the medical practitioner, waives its own just and proper prerogative of deciding upon the qualifications of those who are to have charge of the lives and health of its citizens, and accepting the degrees conferred by the medical colleges as sufficient guarantees of those qualifications, constitutes them licenses to practice. Having decreed, that

certain branches of study must be pursued, that three years must be given to their acquisition, and that the candidate must then be examined in those studies before he can receive a degree or license to practice, the State then leaves the fulfillment of these conditions to be determined by those who are pecuniarily interested in granting the candidate his diploma—with all the advantages accruing to its possessor.

"Why should the Government thus neglect or ignore its duty to guard the health as well as the persons and property of its citizens? Why, in a country numbering more than fifty millions of people, and requiring 86,923 physicians, should the Government fail to provide some adequate attestation of his fitness to discharge the most responsible duties of his calling? It is not thus in other civilized countries nor is it so in other vocations in this country. The lawyer must pass an examination adequate to test his fitness before he may practice at the bar of this State."

The remedies for these evils indicated by Regent Watson are:

"1. A better preliminary training of candidates for the profession.

2. Separation of the teaching from the licensing interests.

"The State certainly should not allow the teachers of a candidate to give him a license to practice. Almost all American medical schools are carried on as private commercial ventures. Each college now establishes a grade of qualifications which is most conducive to its own interests. The schools desire to obtain all the students possible; the student wishes to get all he can with the least expenditure of time, labor and money; hence the tendency is for each of the incorporated medical colleges to underbid the others, in the paucity and laxity of its educational requirements."

"We beg here not to be misunderstood. We are proud to admit that there are some medical schools which do require a high standard of medical education. They are, however, very few in number, and since the general tendency is, as we have stated, as their students come from every possible walk in life—from the stable as well as from the college—as but few of the medical schools require any educational test for admission, and as but a small percentage of their matriculants is rejected, the vast majority of the candidates who enter the profession are but poorly equipped to discharge its duties."

"The license to practice medicine is clearly a prerogative of the State. It is a proper function of Government, and is so considered in other countries. So far as the army and navy are concerned, it

is so considered here. If the State interposes to protect the lives and health of its soldiers and sailors, do not other citizens deserve a like service at its hands?"

He discussed at length the laws of other countries regulating the licensing of physicians, and outlined the proper conditions of licensure in the State of New York as follows:

1. A fairly liberal preliminary education.
2. Four years of professional study.
3. Examinations and license, by an impartial court appointed by the State.

His conclusions were:

"First. It cannot, if made compulsory, fail to accomplish the object which all educated men so much desire—the elevation of the standard of medical education in this State.

Second. While it confers no special or peculiar privileges upon a class, yet the degree will be an assurance to the public of the qualifications of all who shall attain it, and will, therefore, be a legitimate passport to professional success.

Third. The provisions of such a law will not in any way conflict with the vested rights and privileges of the medical colleges. It will, however, furnish an inducement to them to increase the thoroughness of their instruction, and to advance their standards of graduation, since in the course of time, that instruction would attain the highest reputation from which the largest number of graduates should have obtained this degree.

Finally. We believe that no other measure can be devised which would so powerfully tend to the advancement of sound practical knowledge among the future members of the medical profession, while its liberal, impartial and entirely Catholic provisions would leave no reasonable room for objection, and would eventually commend it fully to the good sense of the people of the State."

The address received the unanimous approval of the Convocation, which appointed a Committee on "Medical Education and Licensure" with Regent Watson as Chairman. Chancellor Pierson, of the University of the State of New York, Dr. Paine, of Albany, Dr. Tremaine, of Buffalo, Rev. Dr. Fairbairn, of St. Stephen's College, and others made brief speeches in advocacy of the views expressed by Dr. Watson; and Secretary Murray, of the Board of Regents, read a memorandum which sets forth that there are twelve incorporated medical colleges in New York, and of these five, including the oldest and largest, made no requirement of preliminary ex-

amination. One requires a common school education; another, a certificate from the preceptor of the medical student; another, four of the common branches; another, four of the common branches and algebra; another, spelling, arithmetic and Latin through the declensions and conjugations.

The whole subject is of the greatest importance, and no doubt is the medical question of the immediate future.

NEW PUBLICATIONS.

IN A NUTSHELL. Suggestions to American College Students. By Dio Lewis, M D. Clarke Bros. New York. pp. 187, 12 mo.

This is a small volume of short but clear and forcible articles on practical hygiene, worth ten times its cost to every American student old or young.

POPULAR SCIENCE for August contains a very readable article on "The Present Aspect of Medical Education," by Dr. Thompson His figures are largely taken from the report of General Eaton the Commissioner of Education, and present some hard facts for our medical educators to "take into consideration."

"HIGH UP," By J. G. Pangborn, a well written and artistically illustrated guide-book to the summer resorts of Deer Park and Oakland on the crest of the Alleghenies—B. & O. R. R. It will make every member who was fortunate enough to attend the session of the Institute at Deer Park long for a few days rest in that delightful resort. Pangborn knows how to get up a book; Walker can run a hotel.

MAGAZINE OF AMERICAN HISTORY. The August number has four essays on the Civil War of sterling merit, and the frontispiece is an exquisite portrait in steel of Major-General John A. Dix. The pictures are by Theo. R. Davis, Harper & Brothers' famous war artist, and the portraits of Jefferson Davis and his first Cabinet are given with much effect. Published at 30 Lafayette Place, N. Y.

MIND IN NATURE. In the June No., Dr. R. N. Foster contributes an able and suggestive article on Mind-Cure, to which he gives the very appropriate name of "Psychopathy." Dr. Foster's remarks are sensible and moderate, their gist being that there *is* something in Mind-cure so far as the treatment of mental affec-

tions is concerned, but physical ailments require medical treatment (homœopathic.)

NORTH AMERICAN REVIEW. The most readable article in the Sept. No. is ex-Sergeant-at-Arms French's "Reminiscences of Famous Americans," which is a series of delightful anecdotes about the famous war senators. Mr. French is writing a book of these reminiscences. If it equals this forestallment in the Review, it will be one of the famous works of modern literature. This is a very interesting number.

DECLINE OF MANHOOD: Its Causes and Treatment. By A. E. SMALL, M. D. Third edition revised and enlarged. Duncan Bros., Chicago. Price, $1.00.

The veteran author, who as writer, teacher and general practitioner, has had such an extensive experience, is a pretty safe guide on such delicate subjects as those here treated of. That it has reached its third edition is to say that the book is appreciated. Buy it, it may give you a new idea.

LECTURES ON FEVERS. By J. R. KIPPAX, M. D., L. L. D. Pp. 560, 8vo. Gross & Delbridge, Chicago.

This work is undoubtedly the best in our school on this subject, and at this season of the year, when fevers are the prevailing malady, should be on the table of every practitioner. The therapeutic hints will often guide the practitioner to the true remedy, thus serving as a book of ready reference, and saving much valuable time to the busy doctor.

URINARY AND RENAL DERANGEMENTS AND CALCULOUS DISORDERS. With Hints on Diagnosis and Treatment. By LIONEL S. BEALE, Professor of the Principles and Practice of Medicine in King's College, London. Philadelphia: P. Bakiston Son & Co., 1012 Walnut Street. 1885. Cloth, 356 p.p. Price, $1.75.

As an acknowledged expert with the microscope, and an authority on all matters microscopic, a work from his pen on the above subject will receive more than ordinary attention at the hands of the profession. On the diagnosis, and especially on the etiology of diseases of the urinary tract, this work is clear, practical and explicit. Contrary to a prevalent belief, Professor Reale advises the use of large quantities of fluids in order to aid the assimilative process as well as the solution of excrementitious matter in the physiology of digestion. He gives some practical advice in urine analysis, which, especially in diabetis, is worthy of remembrance. He is a strong advocate of the milk diet, but he likewise recommends venesection and free purgation from which which we must

promptly dissent. The type is clear and the volume a valuable addition to the library. You will make no mistake is buying this book,

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THE AUGUST CENTURY. The Midsummer Holiday Number of the Century opens with a lively, anecdotal account, by Henry Eckford, of life at "Camp Grindstone," the summer meeting-place, for games and races, of the American Canoe Association in the Thousand Islands. It is profusely illustrated by W. A. Rogers, who is a follower of the sport which he spiritedly depicts.

A portrait of William Lloyd Garrison, engraved by T. Johnson from a life-size photograph in the possession of the Garrison family, is the frontispiece of the number; there is also an interesting group portrait of Garrison, Wendell Phillips, and George Thompson. His birthplace and other places of interest are shown in the pictures which accompany the text. His son Wendell Phillips Garrison, describes the origin of the great anti-slavery advocate, and his son, Francis Jackson Garrison recounts his boyhood. These papers are introduced by Thomas Wentworth Higginson, who characterizes the agitation which preceded the Civil War, and gives his views of Garrison's personal qualities.

This month's contribution to the "War Series" is fully up to the standard of previous issues, and unflagging in interest.

HAY FEVER and its successful treatment by superficial organic alteration of the nasal mucous membrane. By C. E. Sajous, M. D. F. A. Davis, Philadelphia, 1885.

Any work, large or small, which will throw any light on the ætiology, pathology or successful treatment of this peculiar affection will always be kindly received by the profession. This work of Professor Sajous is well written and he gives a very clear and accurate description of the affection as it is usually met with. He gives the following three conditions as essential factors in producing hay fever: "First, an external irritant; second, a predisposition on the part of the system to become influenced by this irritant; and third, a vulnerable or sensitive area through which the system becomes influenced by the irritant." The theory harmonizes with the well acknowledged fact of the neurosis and the emanation of plants as a direct cause, but fails to tell us why all persons subject to these influences are not affected. In Vol. I, "Hahnemann's Chronic Diseases," he will find "the missing link." The treatment by cauterization of nasal mucous membrane is purely surgical, and although we cannot agree with the author as

to its advisability, we frankly admit it is as reasonable and scientific as the surgical treatment of diseases of the throat, rectum, or generative organs.

EDITOR'S TABLE.

DR. J. HARPEL removes from Cincinnati to Decatur, Ill.

DR. W. Z. KUMLER, (Cleveland, '85), has located at Hamilton, Ohio.

DR. B. A. BRADLEY succeeds Dr. J. Harpel at 426 John street, Cincinnati, O.

W. E. KEITH, M. D., removes from Franklin Falls, N. H., to San Jose, Cal.

DR. MUNNS, (U. OF M. '84), is in partnership with his preceptor, Dr. H. M. Logee, at Oxford, O.

THE Third Edition of Cowperthwaite's Materia Medica will be ready September 1st. Cloth, $5.00; sheep, $6.00.

DR. W. J. H. EMORY removes from Guelph to Toronto, Ontario, and forms a partnership with Dr. John Hall. A good move.

DR. WM. GAYLORD, late Resident Physician of Pulte College, has resigned and engaged in general practice in Sandusky, Ohio.

NEW YORK STATE SOCIETY. The semi-annual meeting will be at Grove Springs, Steuben Co., Sept. 8 and 9, 1885. The Society expects that every member will do his duty.

H. C. KASSELMAN, M. D., of Midway, Ky., reports an epidemic dysentery in that vicinity in which Mercurius cor. appears to be the *genus epidemicus*, but Aloe is often required to complete the cure.

G. W. SHERBINO, M. D., of Abilene, Texas, has been appointed County Physician of Taylor County. We congratulate the Doctor on his appointment and trust he will keep the mortality below the average for the last few years under allopathic treatment.

THE HOMŒPATHIC MEDICAL SOCIETY OF PENNSYLVANIA will hold its 21st annual session in Wesley Hall, 1018 Arch street, Philadelphia, on September 23, 24 and 25, 1885. The Continental Hotel will be headquarters for visiting members; rates $3.00 per day.

A WORTHY DONOR. Mrs. Elizabeth Thompson, of Stamford, Conn., has transferred to a board of trustees $25,000, "the income of the fund to be devoted to the advancement and prosecution of

scientific research in its broadest sense." When an International Association is formed, the income will probably be expended under its direction.—*Science.*

THE AMERICAN OBSERVER, which on account of the long illness of its Editor, Dr. E. A. Lodge, has not been issued regularly, commences its 21st vol. July 1st, 1885. The old *Observer* is as newsy as ever, and bids fair for a vigorous future. We wish it success.

HOMŒOPATHIC DEPARTMENT (U. OF M.). The Faculty has been re-organized as follows: T. P. Wilson, M. D., Theory and Practice and Ophthalmology and Otology; H. L. Obetz, M. D. Surgery; H. R. Arndt, M. D., Materia Medica and Therapeutics; J. C. Wood, M. D., Disease of Women and Children; D. J. McGuire, M. D., Associate Prof. of Ophthalmology and Otology.

OBITUARY.

J. S. DELAVAN, M. D. This brief sketch is taken from the Albany Argus, kindly sent us by Dr. Paine. Saturday morning, Aug. 7th, Dr. Delavan, wife and guide, started on a fishing excursion to Hawk Bay, Tupper's Lake. As they were returning for dinner the doctor partly stood up in the boat and fired at a large hawk. The gun being heavily loaded the recoil was so violent as to capsize the boat, throwing the entire party into the water. The doctor sank and never came to the surface, the guide was drowned and Mrs. Delavan clinging to the bottom of the boat was rescued about nine o'clock at night, after being in the water nine hours. The bodies were found the next day.

Dr. John Savage Delavan, was a son of the late E. C. Delavan, of Albany. He was born at Ballston, Saratogo Co., N. Y., Oct. 18, 1840. He married in 1861, Helen Robinson, daughter of the late Hon. A. D. Robinson of Washington, D. C., formerly county judge of Albany. He pursued preparatory studies at the academy at Albany; Churchill's military institute at Sing Sing; Charlier Institute New York, and entered Union college in the fall of 1857. He began the study of medicine in 1858, in the office of Drs. H. D. Paine and J. W. Cox, and graduated from the Albany Medical college, Dec. 23, 1861, being essayist of the graduating class. Subsequent to graduation he pursued special courses of study at Paris. On his return to Albany, in the fall of 1862, he entered into partnership with one of his former preceptors, Dr. J. W. Cox, which partnership continued one year. In 1863, Dr. Delavan was appointed to the position of assistant surgeon in the United States

army, and was discharged, at the end of the war, in March, 1865. He was appointed a member of the surgical staff of Harewood hospital, at Washington, D. C.; he also participated in active service in all the battles before Petersburg, Va., during the last year of the war, and was present at the surrender of Fort Fisher. Subsequently he became pension examiner, being one of the first to receive this appointment, and he held the office two terms. In 1868, he entered into partnership with Dr. L. M. Pratt, which continued until his removal, in 1870, to Washington, D. C. In 1872, Dr. Delavan removed to Geneva, Switzerland, where he resided four years, during which, he was appointed to the vice-consulate, under the United States government, and held the office one year. In 1879, Dr. Delavan returned a second time to Albany, and again entered into partnership with Dr. Pratt, which continued for two years. He was a member of the American Institute, N. Y. State Society, Albany County Society, and was far advanced in Masonry.

At a meeting of the City Society, remarks were made by Drs. Pratt, Carroll, Jones, Waldo, Reynolds and Paine.

Dr. Paine read a biographical sketch of Dr. Delavan and offered the following resolutions which were unanimously adopted:

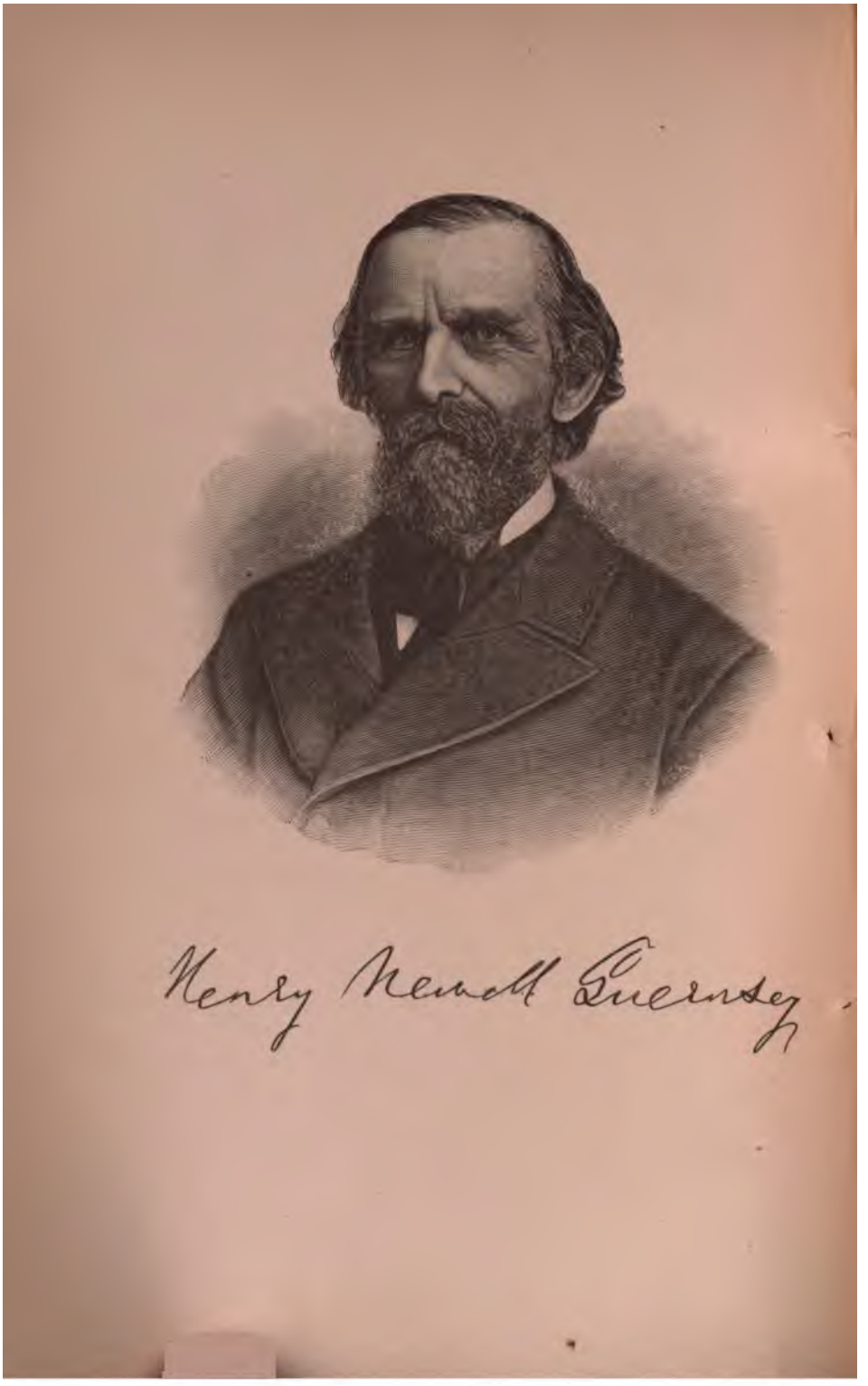
Resolved, That the members of the Albany County Homœopathic Medical society have learned with deepest sorrow and regret of the sudden death of Dr. J. S. Delavan, one of its founders and one of its most devoted and earnest supporters.

Resolved, That we hereby signify the sense of the great loss which we have sustained in the death of our esteemed colleague, and give expression to the high appreciation of his valuable services to the medical profession, of which he was an honored and useful member, and to the homœopathic school, of which he was an able and distinguished representative.

Resolved, That in this afflictive dispensation we have been deprived of a member whose quick perceptions, sound and reliable suggestions and rich experience, rendered him a safe and valued associate, and the sick and suffering a friend and counselor whose benignant presence will not be readily replaced or supplied.

Resolved, That while his sterling good sense; his manly and generous impulses; his affable, genial and social qualities of heart and mind endeared him to the public, he was also held in high esteem by his medical associates on account of his careful regard for the courtesies and amenities of professional fellowship.

Resolved, That a copy of these resolutions be entered on the records of this society and be published in the daily press.


Henry Merritt Guernsey

THE
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ORIGINAL CONTRIBUTIONS.

PROGRESS OF HOMŒOPATHY.*

GEO. LOGAN, M. D., President of the Medical Council of Ontario.

We often hear that Homœopathy is going down; that it is going down in England and everywhere else. This piece of information we get from those whose wish is father to the thought, and in some cases, from ignorance of the real progress of Homœopathy. About the year 1830, a celebrated member of the medical faculty in London, while addressing a numerous and attentive audience, made the following allusion to Homœopathy, then beginning to spread in England: "Gentlemen," he exclaimed, "a new error has appeared on the horizon, this, like all the rest, will have its season of fashion and enthusiasm, but it will end by some day falling into oblivion, and fifty years hence you will hear not a word of Homœopathy or Homœopaths." This time having more than expired, let us see how this prophecy has been fulfilled. Homœopathy was introduced into England in 1827, fifty-seven years ago, by

*Read before Canadian Institute of Homœopathy.

Dr. Quin, who was attached to the Court of Prince Leopold of Saxe Cobourg.

There are now in Great Britain upwards of 200 homœopathic physicians, a hospital with over 200 beds, and doing fine work. A few years ago a school of Homœopathy was established in connection with the hospital, where lectures on the theory and practice of the new system are given to students and others who may wish to take advantage of them. The mortality at the above hospital has been 4⅛ per cent., much less than in any similar institution in the metropolis. They have also a Homœopathic Hospital at Birmingham and Bath, both are in a more flourishing condition than at any former time. In addition to these is the Hahnemann Convalescent Home at Bournemouth, and the Sanitarium for sick children at Southport. Besides the above, the following societies are in a flourishing condition: The British Homœopathic Society and the Medico-Chirurgical Society, whose proceedings are published half-yearly. The Hahnemann Publishing Society is also doing good work in the way of issuing standard works on various subjects; they have now in contemplation a revision of our *Materia Medica*. Also, there is the Homœopathic Pharmaceutical Society, which is of great value to the cause.

They possess three excellent Journals: *The British Journal of Homœopathy, The Homœopathic World,* and *The Review;* these Journals have a wide circulation in various parts of the world.

The clientèle of our men in Great Britain can be numbered by the thousands, and this too among the highest classes of society; some of the foremost men of this age. This will be conceded when I mention such names as Beaconsfield, Archbishop Whately, Earl Cairns, John Bright and Sir W. Siemens, than whom, no more intellectual or prominent men can be found in any part of the world.

BRITISH COLONIES:—Homœopathy was introduced into Sydney, Australia, about 34 years ago. A hospital has

been in existence in Melbourne since 1869; more recently, a new one has been built, the site for which was given by the government. In Adelaide, Homœopathy has flourished for a long time. Hon. Dr. Campbell, a member of the Upper House of the Legislature, is founder of the children's Hospital, in which three of the medical men are Homœopathists, and three Allopathists, resulting in a tone of good feeling between men holding different views on medical subjects. Dr. Campbell is also one of the board of management of the General Allopathic Hospital. It will thus be seen that the position of Homœopathy in Adelaide is most favorable. Bathurst also presents a good front. Dr. Fawcett, at a personal cost of $10,000 has erected a hospital held by trustees, two of whom are members of the Legislature. The system is also finding its way in Hobart Town, Tasmania, being ably represented by Dr. Benjafield, formerly of Manchester, England. At Brisbane, the capital of Queensland, Dr. Waugh, formerly of London, England, is doing a large practice.

In New Zealand, Dr. Moore, and two others, are energetically at work at Auckland, and Dr. Irvine is in charge of the southern part of the island, with his residence at Nelson. Through the efforts of these men Homœopathy has largely permeated all grades of society in that colony. It has also found its way to South Africa. Dr. Kitchin was the first to unfurl our banner at Capetown, whence all over the country, an extensive influence has radiated. Much of this good work is due to missionaries who have gone to that country.

India! This grand old land, with her literature and ancient civilization accepts our law of cure very favorably. The date of the introduction of Homœopathy, says Dr. Sircar, is not known, but probably brought by missionaries from Europe. In 1852, Dr. Honigberger, late physician to the Court of Lahore, wrote a book entitled: "Thirty years in the East," from which we learn that two hospitals were

established by the Rajahs of Tanjore and Puducuta; and also a hospital in Calcutta, under the patronage of Sir John Hunter Sittler, President of the Council of India. This hospital had the support of many eminent Europeans and natives, and was the means of extending a knowledge of the new system in this far off land. Babu Rajender, gained many converts by his zeal and success in the treatment of cases among the upper classes; subsequently, Dr. Thiennette, of Calcutta, carried on the good work. Dr. Salzer also added greatly to the success of our treatment. In 1868, the Calcutta *Journal of Medicine* made its appearance in favor of Homœopathy. In 1869, a homœopathic dispensary was established at Allahabad; in 1870, another dispensary was opened at Agra. From 1870 up to this timé, the cause of Homœopathy has been a smooth one. Dr. Sircar, already a member of the Senate, and a man of high social culture and intelligence, fought a good fight and though overcome for a time, will succeed in the end. There are seven homœopathic practitioners in Calcutta, five in the suburbs, one in Baraset, one in Serampore, three in Hughli, one in Barnipore, and one in Allahabad, in all twenty; one in Bombay, and a college has been established in Calcutta. The number of lay practitioners in India is very great, so that the system is very generally known among the people of all classes. At least nine or ten homœopathic pharmacies are doing a lucrative business in Calcutta alone. Thus, in the face of misrepresentation, malice and falsehoods on the part of our opponents, Homœopathy has made gradual progress in India from the date of its introduction.

We will now retrace our steps and see what is being done in France. Here Hahnemann spent some of his declining years; here, surrounded by a large circle admirers and friends, his personal influence largely in spreading Homœopathy in Pa rounding country. We find that there ar

300 homœopathic physicians in France; they possess three hospitals, two in Paris, Hospital St. Jacques, and the Hospital Hahnemann; the third at Lyons, the Hospital St. Luc. These hospitals are in active operation, the physicians in charge are full of zeal and hopeful for the future; this will be conceded when I mention the names of Drs. Jousset, Frédault, Gonnard, Claude, Chargé and Simon.

Homœopathic physicians are to be found in all the large towns, and the demand for more is steadily on the increase, showing a rapid appreciation of the new system by all classes of the people. The Societié Medicalé Homœopathique de France, a few years ago, established a school where homœopathic therapeutics is taught to students and medical men who may desire a knowledge of it; at this school, as many as thirty Allopaths have attended at one time. A large number of dispensaries are to be found in Paris and in the Provinces. "Besides these dispensaries," writes Dr. Claude, "we have several scattered about the different parts of Paris, and situated in close proximity to our pharmacies. I at one time reckoned 90,000 as reached by our gratuitous consultations in this city. Some of my colleagues estimated it at 100,000." A number of works have been published and translated into French. Dr. Simon has lately translated a German work. Dr. Chauvest, of Tours, has recently published in French Dr. Guernsey's obstetrics, and Drs. Claude and Dorion, the latter, I am proud to say, was my own student, have issued a translation of Ludlam's lectures. Thus the work goes bravely on, and the people are beginning to understand the value of the little globule.

M. M. Pasteur and Dardine have made the scientific world understand the utility of the dilutions by their attenuated *virus cultures*. This substitutive method is nothing but a counterfeit of the law of similizing, and therefore a contribution to Homœopathy. Even in despotic Russia, with its still more despotic medical profes-

sion, we have in St. Petersburg and the provinces, 168 homœopathic physicians who are waging a brave contest against error and prejudice. Through the ability and energy of these men, we can hope for better days for Russia. We have also good reports from *Spain*, where Homœopathy was introduced in 1829 by a Spanish merchant, and has steadily progressed up to this time; a powerful impetus was given to it by that talented and humane man, the Marquis of Nunêz, who took for his motto: "That the government ought either to forbid the practice of Homœopathy in Spain, or it ought to make the study of it compulsory." Thanks to his efforts, there actually exists in Madrid a chair of Homœopathy founded and endowed by the Spanish Government; but owing to the malice and opposition of the allopathic faculty, this could not be carried out at that time; subsequently, a Hospital and Institute was established by private means, with a staff of professors and examiners. These lectures were and are well attended by students. There is also at Madrid a Homœopathic Society, where monthly meetings are held, and papers read and discussed; also three Medical Journals are published regularly. The Madrid Hospital, (homœopathic) has already rendered immense services, from a scientific as well as from a practical point of view. For the month of February, 1878, with 155 admissions, give a mortality of only six per cent.; in 1880, with admissions of 322, the percentage of deaths were only five, while in the other hospitals in Madrid, the mortality even rose to twenty per cent.

There are over 300 homœopathic physicians in Spain, all enjoying a good reputation, and possessing a numerous and select clientele among the best classes of society. Thus in *Old Spain*, though in many respects moss-grown, Homœopathy is in a most flourishing condition. From *Mexico* we also hear good tidings. A few years ago, two wards of the Hospital at Onizabad, one male and one female, were

taken from the Allopaths of the town, and made over with much rejoicing to the Homœopaths practicing there.

We regret to find in Germany, the fatherland of Hahnemann, such progress has not been made as we could wish. Dr. Dudgeon, in his report, writes that some degree of lethargy appears to effect our German colleagues. The loss of several most prominent men may have something to do with it, among whom are Dr. Hausmann, one of the professors of Homœopathy in the University of Buda Pest; Dr. Grauvogl in 1877, Clotar Muller in 1878, Dr. Schnider in 1880, Dr. B. Baer in 1884, five of their most distinguished representatives, whose deaths cast a gloom over the homœopathic profession. This can only be of a temporary nature, and ere long we hope the German will be aroused to increased action, and take his proper place in this great field of labor.

We come now to the land of Washington. We find from Dr. Talbot's report that Homœopathy was introduced into the United States in 1825 by Dr, Gram, and his first convert in 1828 was Dr. Gray, of New York. The extraordinary progress of Homœopathy in the United States is a matter of too much notoriety to need a special notice at this time. Suffice it to say that there are about 8,000 homœopathic physicians in the United States, fifty-four hospitals, twelve fully equipped colleges, forty dispensaries, three medical departments in State Universities, insane asylums and hospitals under state and city patronage, speak for themselves. Besides this there are seventeen journals, one hundred local societies, and twenty-six organized State Societies. These forces are supported by a clientele of perhaps millions, among whom are many of the most intelligent, as well as the most influential, people of the nation. All this has been accomplished in fifty-four years.

The growth of Homœopathy in Illinois, which we quote from the *Visitor*, is a fair example of its progress in the

United States: "Unless one occasionally looks back he cannot appreciate how fast Homœopathy is taking root in the affections of the people. Fifteen years ago (1870) there were, according to a directory then published, 305 homœopathic physicians in the state, or one to every 8,327 persons, the population of Illinois being 2,539,891. Ten years later (1880) the population had increased to 3,078,636 and the number of homœopathic physicians to 480, or one to every 6,413 individuals. The estimated number of inhabitants in Illinois in 1885 is 3,500,000, and the number of physicians of our school, according to the *Medical Visitor*, is 607, hence there is now one to every 5,766 persons. In ten years the population increased about 22 per cent. and the number of homœopathic practitioners nearly 60 per cent. In fifteen years the population increased less than 40 per cent. and the number of practitioners nearly 100 per cent.

"In the city of Chicago in 1870 were forty-nine homœopathic physicians in a population of 298,977, or one to every 6,101 persons. In 1880 there were 112 in a population of 503,000, or one to 4,491—an increase of nearly 70 per cent. in population and 130 per cent. in the number of little pill doctors. In fifteen years the population has increased to nearly 700,000, 135 per cent. over 1870, and the number of homœopathic physicians to 202, or 415 per cent., so that there is now a physician of our school to every 3,448 persons.

"Where is the man who says that Homœopathy is dying out? Equally as remarkable a growth can be shown in any one of the Western States. Everything points to the time when the now dominant or regular (?) school will be in the minority. And yet there are men who pretend to be of us who wish to sink our banner "Homœopathy" in the mud for fear that some regular (?) will sneer at them."

Besides the countries above mentioned, Homœopathy is gaining ground in China, Turkey, Italy, and other places throughout the world.

Lastly, we have accomplished something in this "Canada of ours." Thirty-six years ago, our system here was represented by one man, Dr. Lancaster, now of London, Ont. We have now over eighty practitioners located in various parts of the country; we secured a legal status and established a Medical Board in 1859, with power to grant licenses to students of Homœopathy. By virtue of public opinion brought to bear on our government, we became an integral part of the Medical Council, with equal rights and privileges according to the provisions of the Medical Act. We have five representatives on the General Medical Council, two examiners, one on homœopathic subjects and one on the general subjects common to all students; two of our men have occupied the chairs of President and Vice-President, showing a more or less amicable feeling existing in the Council, thus composed of Homœopaths and Allopaths. We believe there is a common desire to work together for the purpose of regulating and controlling the education of our medical students in Ontario without prejudice to either party. The general demand for our physicians from various parts of the country is entirely beyond our ability to supply; at least fifty physicians could find excellent locations for the practice of Homœopathy in different sections of our great Dominion. This much, gentlemen, we have accomplished in thirty-six years, and though our members are not increasing as rapidly as we would wish, Homœopathy is more generally known and appreciated at this moment than at any previous period of our history. It is now seventy-four years since Hahnemann made his system known to the world through his Organon, and but thirty-six years since the death of this illustrious man, and yet the law of *Similia Similibus Curantur* has been made known to all civilized nations, where advocates and teachers are only too proud to mention the name of Samuel Hahnemann.

The spread of Homœopathy is not confined to its immediate patrons; it is permeating the *entire* medical profes-

sion. We see it in the teaching of several professors in the most advanced schools of the world. Prof. Sydney Ringer, in University College, London, Eng., than whom no more scientific or advanced man can be found in the allopathic ranks, has gleaned largely from homœopathic sources for the facts contained in his "Hand-Book of Therapeutics;" any one acquainted with homœopathic literature will at once recognize the source whence he obtained his information—Aconite for *febrile* conditions, Hepar sulph. for suppuration, Belladonna for congestions of glands and otherwise, and Arsenicum for enfeebled conditions of the system. Then we have the teachings of Dr. Jonathan Hutchieson, at the World's International Convention recently held in London, Eng., and of the address of Dr. John Tyler Bristow, President of the British Medical Association, advocating consultations with Homœopaths, and lastly, the Allopathic Medical Society of the State of New York, has changed its code in favor of Homœopaths. Various other teachers of the day are, in a crude way, it is true, teaching the law of *Similia*, first made known by the illustrious Hahnemann, among whom may be mentioned Bartholow, Wood, Pifford, A. A. Smith, and more recently Dr. Rosbach, of Jena. On the present position of therapeutics, he says "we can also point to an advance in therapeutics due to the large addition of active drugs, of potency and constancy far surpassing where their activitiy resembles all of our old Pharmacopœias; and, in many instances, exercising effects heretofore unknown in therapeutic art; it is quite needless to cite illustrations." If citations were honestly made, it would be found that the teachings of the illustrious Hahnemann run like a golden thread through all their modern improvements in therapeutics. This species of theft is now fashionable among the advocates of so-called orthodox medicine. We say, "So mote it be," until the time shall come when they will learn to steal no more, and when the truths of science will be appreciated, and the glorious name of Hahnemann will be acknowledged throughout the scientific world.

BUTTER AND FATS.*

THOMAS TAYLOR, M. D., Microscopist U. S. Department of Agriculture.

"Since 1876, when my first paper was published on Butter and Fats, in the *New York Microscopical Quarterly Journal*, I have devoted a good deal of time to the investigation of this subject, principally with the view of finding a method by which I could, by the aid of the microscope, detect butter from butter substitutes. As a result of many experiments, I find that a person experienced in the use of the microscope may distinguish the fats of various animals and of vegetables by following the methods herein described.

"The experimenter should first procure a specimen of common lard. This is composed mostly of crystalline starry forms which represent the solid fat of the lard. Real lard is composed of these and the oil common to lard. In very hot weather, when the thermometer is up in the nineties, the crystals dissolve in the oil, and perfect crystals cannot then be obtained unless cooled slowly to about 70° Fahr.

"Place a drop of sweet oil on a glass slide 3 x 1 inches, with the point of a needle. Place a small portion of the lard in the oil, and mix them together. Place a microscope glass disc over the lard and oil mixture and press gently. If held up to the light white granules will be seen if the temperature is not over 80° Fahr.; these are fatty crystals. Under a low power of the microscope it will be observed that these crystals have stellar forms with dark centres, and spines radiating from them. See figure 7.

"To procure normal crystals of beef kidney fat, render a piece of this fat in an iron pan, without water. Strain, and add sufficient sweet oil to bring the fat to the consistency of butter. Cool slowly for a period of from twelve to

*Abstract of paper read by Dr. Thomas Taylor before the American Microscopical Society, August, 1885, at Cleveland, Ohio.

twenty-four hours. Mount in oil as directed in the case of lard. The crystals in this case present quite a different appearance from those seen in lard. See figure 8. View them by polarized light, with and without selenite plate. The beef crystals, to be seen to advantage, require a power of at least 500 diameters, being very small, although they appear very interesting objects with a power as low 80.

"When it is desired to examine the crystals of butter, boil about an ounce of pure, newly-made butter in a test tube or iron spoon for a period of several seconds; allow it to cool as directed in the case of beef and lard; place a few grains of it on a slip of glass; pour over it a few drops of alcohol, (or better, with alcohol nine parts, carbolic acid one part); separate the crystals with a pin, and view them with a pocket lens; they will appear like the eggs of insects, figure 1. Place a second portion of the same butter on a glass slide 3 x 1 inches; combine it with a drop of sweet oil by means of a pin, reducing the butter to granules; cover with a thick disc of glass, and view first with plain transmitted light, when crystals like figure 2 will be seen. Second, by polarized light. In this case place the polarizer low down and turn this prism round until its face angle crosses the face angle of the analyzing prism above. Under these conditions a dark ground is produced, and the butter crystals, which are globular in form, are seen in bold relief. The butter globular crystals will now exhibit a well-defined black cross representing that known as St. Andrews's. See figure 3. Figure 4 represents a crystal of butter showing divisions produced in prismatic colors when the selenite plate is used with polarized light. If old butter or a poor, oily butter is used in this experiment, the secondary crystals of butter are generally shown. These crystals are of rosette form, much smaller than that of the globular, and exhibit no cross. See figure 6.

"The globular crystals of butter, when kept for a month or more, seem to bud like a vegetable spore, and frequently

every round crystal will show projecting from each a smaller crystal. See figure 5. The globular forms generally vary from fifteen ten-thousandths of an inch to the one-hundredth of an inch in diameter. These forms are never seen in pure beef or lard fats. Care should be observed not to press the crystals flat, especially the globular crystals, as the cross is not seen when severely pressed.

"Butter crystals vary slightly from each other in size

Fig. 1.—Represents crystals of boiled butter as seen by a pocket lens.

Fig. 2.—A single crystal of butter, highly magnified, viewed by transmitted light only.

Fig. 3.—A crystal of butter viewed by polarized light only. It exhibits the cross of St. Andrew.

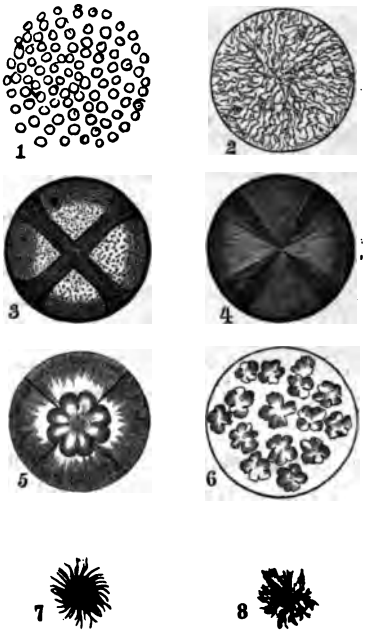
Fig. 4.—A crystal of butter as seen under polarized light and selenite plate. In this case beautiful colors are displayed, while the cross is but faintly seen.

Fig. 5.—Represents what seems to be a budding butter crystal. See description.

Fig. 6.—Represents the rosette crystals of butter.

Fig. 7.—The crystalline form of lard.

Fig. 8.—The crystalline form of beef.



and in some other slight particulars, such as color. A butter received from Tennessee, made from milk of Holstein and native breed, shows on its crystals indentations, a condition represented in no other butter yet observed. The butter crystals seen in the butter made at Mr. Frank Ward's dairy, from milk of Alderney cows, of Washington, also differ in some particulars from all others examined, being darker in color, spines longer, and of larger size. Specimens intended for permanent use should be mounted

with a varnish ring, to prevent the cover from pressing on the crystals, and to prevent the movement of the cover used to protect them."

Dr. Taylor has examined quite a number of other fats, vegetable and animal, and finds, thus far, that animals and vegetables of distinctly different genera, and even species, yield fats which give typical fatty crystals characteristic of the animals and plants which yield them, and he is confident that his new discoveries will prove highly useful to microscopists and chemists when investigating adulterated substances used as food or in medicinal preparations. Many scientific men have urged him to continue his investigations, the result thus far being highly appreciated.

SURGERY.

HOW ABOUT SURGICAL DRESSINGS? *

CHARLES WOODHULL EATON, M. D., DesMoines, Iowa.

Some years ago the writer was fresh from the medical schools. He was filled full up to the eyes with that dogmatism, and positivism, and know-it-all-ism which is the miasm of medical colleges and the scrofulous taint which enfeebles medical minds. He had not yet learned that he had a right to think for himself. The American Medical Association was all the while telling him that he had no such right,—iterating and reiterating it so fast that it did not even stop to take breath, and was in consequence getting quite black in the face. The American Institute of Homœopathy was at the same time assuring him that it was very naughty of the American Medical Association indeed, to be saying any such thing; that of course he had a right

* Read before the Hahnemann Medical Association of Iowa, at DesMoines, May 26th, 1885.

to think, had no right to do otherwise than think—think just what the fathers of Homœopathy said to think, and do just as the patron saints of *Similia* said to do. That he would be a renegade, and a betrayer, and a seller of himself for gain, and a slayer of the innocents if he did not. After all, it did not really make much difference what either party said to this fresh graduate. He was as tender as a cabbage plant. He was as green as an asparagus shoot. He was as sappy as a mugwump. He could not do any thinking anyway. He had never learned how. He could not with propriety be sent to Mt. Pleasant, for that retreat is "for those who have once had brains." So he was put in the only place for which he was unquestionably fitted, and set to practicing medicine.

Not long after, our honored Nestor of Homœopathy in this city invited his assistance in the matter of a surgical operation. While the veteran did the work, the fledgling held two sponges and a scapel for perhaps the space of ten minutes; judiciously sandwiched in between them three or four words made out of dimension lumber, to the end that the veteran might be duly entertained and instructed; and at the close felt perfectly satisfied that he had fairly earned by the sweat of his brow all the bread that five dollars would buy.

The case was that of a subcutaneous fatty tumor, as large as a saucer, in the scapular region. The incision was perhaps four inches long. The sutures were put in, the adhesive straps passed across, and that was all. No Calendula, Arnica, or Carbolic Acid in any form, nor anything else, was put over the incision as a dressing. Nothing that might have been supposed to be "healing," and would inevitably have been wet, was applied to the wound. Later, the fledgling learned from the veteran that the incision closed up by first intention, or, if you prefer, by primary adhersion, without a drop of pus. And for the first time an idea made a feeble attempt to effect an enterance into the rudimentary brain of the graduate.

My attention was again called, very forcibly, to the behavior of undressed wounds through the occurrence, a year or two later, of a very severe injury of a forearm. A lady of middle age fell at a turn in an uncarpeted stairway. She sustained a Colles' fracture, the broken radius was driven through the soft tissues of the flexor aspect of the wrist, and into the wood of the stairway, from out of which I dug a splinter of bone with a penknife. The ulna was also fractured at the junction of the middle and lower thirds, and the wrist was partially dislocated. It was thought best and necessary to apply permanent splints and bandages; but anxiety being felt for the savage wound of the soft parts, the dressing were kept drenched with Calendula solution the first two days, and thereafter with an Arnica solution. When the bandages were finally removed the wound was found to have filled in and healed without pus; and careful examination of the same, and of the dressings, convinced me that the Calendula and Arnica had failed to reach the surfaces of the wound, whatever they may have accomplished indirectly by means of any possible absorption through the skin into the general circulation. In connection with this case I discovered what had before escaped me, i. e. that high surgical authorities give countenance to the claim that to tie the wound up in the blood that flows from it is the best possible treatment of the soft parts in compound fracture. Finally, when the accomplished Kieth stood up in the great gathering of physicians, and voiced his disbelief in the benefits supposed to accrue from the use of Listerism in ovariotomy—a disbelief born of his very great observation and experience—it seemed as if we ought not to wait longer before revising our opinions and practices in the matter of the dressing of fresh surfaces.

It will be understood that this paper expresses no opinion as to the best dressing for ulcers. That poisoned wounds are ruled out of the present discussion. On the other

hand, more is intended to be included than merely incision made with the keen edge of a knife. Nothing could be further from a clean cut such as this, than the jagged hole punched by the broken end of a radius in the case detailed above. The present purpose is to discuss the treatment of fresh wounds which we may be reasonably sure have not been contamined by any poison, whether they be ragged or not, whether there be two surfaces to be approximated or not, and whether or not there be loss of substance below the wound such as obtains in the removal of a tumor.

What, then, does the most strictly scientific treatment of such wounds demand?

1st. Cleanliness. No one within sound of my voice needs to be reminded why cleanliness is so imperatively demanded. To adequately set forth the basis of this requirement I should be compelled to go back to Tyndall's experiments with hay solutions, and rehearse the wonderful advance of recent science along the lines of the lowest organized existence. To do so would be to waste your time in the telling of a familiar story, even though the story be Nature's master romance. So I simply repeat the word cleanliness. No more emphasis, no more telling of the reason why, is required before this body than if the injunction were to secure the artery which has been cut. Cleanliness, gentlemen, cleanliness, cleanliness, if you would keep your patients this side of eternity.

2nd. Immobility. If we are to have the finest result, immobility must be insisted upon as strongly in the case of wounds as it is in the case of fractures. Mark, I do not say it is as necessary in the one as in the other. It is not. Nature can forgive in muscle much easier than she can forgive in bone. What I do say, and insist upon, is, that if in flesh wounds we are to obtain the *finest possible* result, immobility must be insisted upon as emphatically as in the case of fractures. Why? Because any slight motion is sufficient to injure what has been done toward repairing

the wound, and it has to be done over again, and more slowly and in a little different manner. Thus every movement of the parts concerned means a healing less perfect and more tedious.

3rd. I ask your close attention to the third and last requirement indispensable to the strictly scientific ordering of the treatment of such wounds as we have under consideration. In this third desideratum is contained the pith and point of this paper. The first, cleanliness, is axiomatic. The second, immobility, is recognized after a fashion. The third may seem to you subversive. It is this. *Dryness.* Yes, gentlemen, I stand here to maintain the proposition that after exercising scrupulous cleanliness in our operations, and after properly securing the wound by sutures, straps, and whatever other means may be necessary to insure absolute immobility, the best thing we can do toward inviting the happiest result, is to keep the wound perfectly dry. Let me try to set before you the surgical facts which not only force this conclusion upon me, but would seem as well to make any other method of procedure unjustifiable and indefensible. These facts are not far to seek. Putting aside all moot questions regarding surgical inflammation and the histology of repair, all stand agreed that the first and fundamental step is the lymph, or serum exudation. Now whether this exudation be but the fine line between the closely approximated lips of a simple incision, or the greater amount supplied to a fresh surface of some area, matters not. The importance of this inflammatory lymph, and of the preservation of its integrity, none will deny. Over this lymph-protected surface we apply a wet dressing. What is the result? No one needs to be told who has attentively observed a freshly cut surface, seen it quickly covered with this delicate lymph-varnish, smooth, glossy and impervious, and then noted the destruction which water brings to it. Under a wet dressing this perfectly fitting protective coat is semi-dissolved, macer-

ated, its integrity very greatly impaired. Bryant, in his surgery, when speaking of wound repair, enumerates five methods. One of these methods is repair under a scab. His words are: "Repair by scabbing is doubtles the best form of healing, although it is, unfortunately, somewhat rarely obtained." Why is it rarely obtained? Because the lymph or serum with which nature paints the surface, which constitutes the basis of the scab, is dissolved and disintegrated by our stupid wet dressings. The first reason, then, for a dry dressing is that it favors this speediest, most satisfactory process by which wounds are healed; while the wet dressing makes nature's best method impossible, and throws her back upon a slower, less satisfactory process.

Again, if anything be hermetically sealed it is safe from any putrefactive, any retrograde change. For the science of the seventeenth century, which believed the maggot found in decaying flesh to be a spontaneous generation from the rotten meat itself, has progressed into the science of the nineteenth century, which has demonstrated that all putrefactive change can be prevented by absolute seclusion of the atmosphere and the myriad germs with which it is loaded. We should not be guilty, therefore, of the blunder of destroying Nature's Listerism by dissolving it off with a wet dressing. It is in a very important sense true, that to keep a wound wet, is to keep it open.

Once more, all poisonous, septic matters, to accomplish their baneful work, must have moisture. Drive out the water from the most fetid mass imaginable, and just so soon as you have done that, the mass is innocuous. The atmosphere carries no single germ among its countless millions that has the slightest power for good or evil without water. The lowest and lower forms of life cannot exist without moisture. Without it, the most they are capable of is a mummified state in which they can only wait for water, the one vehicle through which they can attain

activity. The application of this fact to the treatment of fresh wounds, when the second-class process of repair accompanied by the formation of pus is not already under way, is too obvious to call for any elaboration at my hands. Does it not seem strange, passing strange, that in a day when sanitarians cannot even tolerate wet lands, and ding into our ears the one refrain, "drain! drain!! drain!!!;" in a day when even the mistake involved in a wet system of sewage is becoming painfully apparent; that in such a day we should be teaching our students to macerate uncontaminated fresh wounds with wet dressings?

Yet I would not wish to imply that there is not in our minds a more or less conscious reason for the use of wet dressings. It has been abundantly shown by long experience that prolonged heat and moisture exert a very helpful influence upon idiopathic inflammations. This is the meaning of the poultice, of the wet pack, of the hot water irrigation of the gynæcologist. From these boils, these sore throats, these inflamed mucous membranes thus treated, we unconciously carry over in our minds the notion that the same or similar dressing of fresh wounds will tend to obviate any excessive inflammation accompanying their healing. This I believe to be the explanation of the persistent use of wet dressings in recent wounds. But this does not excuse the mental carelessness which confuses an idiopathic inflammation, a disease, in an unbroken tissue, with the inflammation of repair in cut or divided tissues, which is not a disease action, but notably a health process. The scientific atttitude toward such a healing process is to take for granted that the necessary and indispensable inflammatory action accompanying it will not be excessive. It is unwarrantable to act as if the reverse were the more probable. That would be to confound the exception with the rule.

I am not speaking of bruises, shocks, and jars. I am indulging in no covert attack upon those preparations of

Arnica which are the glory and boast of our common faith. I am not speaking of the great mass of cases outside of those recent wounds specified, where a vulnerary is indispensable. Hence I am not making a masked attack upon Calendula. I could not keep house without it. But I have over aud over again seen just as fine results from strict observance of cleanliness, immobility, and dryness, as it is claimed was obtained by Fluegge when he cut his hand with a carving knife and used a preparation of Calendula such as no one of us has ever had or will ever have the patience to make. (See Hempel and Arndt. Third edition, pp. 628–9).

I do not see how we can escape from the facts here cited and the deductions which have been drawn from them. The logic of present surgical knowledge, and the logic of present scientific attainment inevitably lead to the conclusions reached. I do not see how our methods of procedure can be at variance with the principles stated, and we escape a just charge of being illogical and unscientific.

As for the practical result when these principles are put into practice, they have so far yielded in my hands the happiest results. Wounds in positions and tissues where they seldom act the best under the usual methods, have behaved charmingly, uniting with that gratifying rapidity which belongs to primary adhesion. As I write this, my colleague, Dr. Simpson, informs me that in the New York Ophthalmic Hospital it is insisted upon that dry dressings must be used in order to obtain the best results in plastic operations about the eye.

Allow me to ask you to make this one of the things which you will put to the test of experience when you go home from this meeting. Do not hesitate because there may be a little secondary leakage of blood; for nature has so ordered it that if you will keep your water away, this blood will not decompose, but will promptly dry down, only adding by so much to the body of a perfectly innocuous scab,

underneath which nature is doing the finest work possible for her to perform. I cannot better show my own faith in what I here preach than by assuring you that I have practiced it faithfully, carrying the practice up, as my experience justified, from the lesser to the graver cases, until I am ready to employ it in capital cases; and the next time it falls to my lot to go through the abdominal wall, I shall expect a finer result than I have ever known, because I shall use this, a more strictly scientific method than I have ever used.

CANCER: SOME THOUGHTS ON ITS ÆTIOLOGY AND TREATMENT.

CHARLES FRANCIS RING, M. D., Late Senior House Physician in the Homœopathic Hospital, Ward's Island, New York.

The philosopher should be a man willing to listen to every suggestion, but determined to judge for himself. He should not be biased by appearances; have no favorite hypothesis; be of no school; and in doctrine have no master. He should not be a respecter of persons, but of things. Truth should be his primary object. If to these qualities be added industry, he may indeed hope to walk within the veil of the temple of nature. Faraday: Life by Bence Jones, vol. 1, p. 225.

The New York Medical Journal and Obstetrical Review, July, 1882, p. 110, contains under the caption "The Radical Cure of Cancer," the following communication, to wit: "The undersigned, who, in October last, was delegated to receive competing essays on the subject of the radical cure of malignant disease, announces that three essays were presented. In the consideration of their merits the assistance of Dr. George B. Shattuck, editor of the *Boston Medical and Surgical Journal*, was invoked; and it has been decided that no essay is worthy of a prize. The same subject, namely, 'The Probability of the Discovery of a Cure

of Malignant Disease, and the Line of Study or Experimentation likely to bring such a Cure to Light,' is proposed for essays, to be presented in competition not later than the first day of December, 1883, to the undersigned, who, with such assistance as he may select, will be the judge of their merits. For the best essay on the subject a prize of one thousand dollars will be given, the right being reserved to withhold the prize in case no essay of sufficient merit be presented. The sum above mentioned has already been deposited with the New England Trust Company, of Boston, subject to the call of the judges. The essays must be legibly written in English and neatly bound. Each one must bear a motto and be accompanied by a sealed envelope bearing the same motto, and enclosing the name and address of the writer. They will remain in the possession of the donor of the prize for convenience of reference, and the privilege is claimed to publish the successful one, with the name of the writer. No writer, however, surrenders the privilege of retaining a copy of his essay, and publishing it. The decision concerning the merits of the essays will be made chiefly from a practical standpoint, it being the object of the donor of the prize to obtain suggestions by which a search for a cure of cancer may be instituted,—for the donor, J. Collins Warren, M.D., 58 Beacon Street, Boston." This communication we have thought it worth while to quote entire, as interesting from the frank avowal it carries with it of the little we know at the present time concerning the cause and treatment of the disease under consideration; and when we are informed by a recent publication that none of the essays called out by the above prize, and one of ten thousand francs, offered a few years ago by L' Academie de Medicine, of Paris, for a similar purpose, were deemed of sufficient merit to claim them, we think it is in order to ask the question: Is the intimate nature of cancer, then, so hopelessly involved in obscurity that any attempt to throw light upon it, or to search for remedies more efficacious in

its treatment, must result in a mere waste of time and labor?

The results of centuries of investigation into this subject by the brightest and most philosophical minds in the profession, have only served to render the confusion worse confounded; and the answer to our query would, therefore, seem to go without saying.

The obstacles in the way of the attainment of a better knowledge of cancer would appear to be insurmountable, in view of the fact that neither the thirst for fame, pecuniary reward, nor the desire to be of service to mankind, have been instrumental in producing any new ideas upon it.

The late distinguished Professor Gross, speaking of the curability of cancer, concluded that "the science of the nineteenth century must confess with shame and confusion its utter inability to offer even any rational suggestions for the relief of this class of affections." System of Surgery, vol. 1, p. 257.

If there be physicians who believe that they could untie this gordian knot—throw light upon the subject of this essay—if they would, to such we would apply the language of a late writer in *The Popular Science Monthly*, to wit: "I am no longer a believer in men who could do something if they would, or would do something if they had a chance. They are impostors. If the true spirit is there it will show itself in spite of circumstances."

But what has Homœopathy with its endless resources, its boasted law of cure, its voluminous Materia Medica, and its superior instruments of research, to say in the premises? Can it do anything but echo the melancholy verdict of the dominant school of medicine? At present, we cannot see that it can.

Let a knowledge, however, of the wealth of our resources —greater than many imagine it to be—"bid us be of hope," for we have the feeling strongly borne in upon us that Homœopathy alone—at least for some time to come—can

throw light upon this disease and point to remedies that shall be able to successfully grapple with it. In consideration of the nature of the task undertaken, we would respectfully crave the kind indulgence of the reader as we proceed; and we feel assured that from those who have ever engaged in original research, we shall receive all that is our due.

"The world little knows," says Faraday, "how many of the thoughts and theories which have passed through the mind of a scientific investigator, have been crushed in silence and secrecy by his own severe criticism and adverse examination; that in the most successful instances not a tenth of the suggestions, the hopes, the wishes, the preliminary conditions, have been realized."

PRELIMINARY CONSIDERATIONS.

The history of carcinoma—cancer—we need not enter into. Suffice it to say it is the same intractable, painful, fatal malady to us as it was to Hippocrates, Galen and Paulus Ægiveta. This disease, as is well known, is not communicable; no instance being on record of its having been transmitted from one individual to another. Nor is it inoculable on man or any of the lower animals. The theory of its origin in an accidental poison is inconsistent with any of the facts bearing upon the subject. Its alleged venereal descent, believed in by some, is also untenable. (See our article "On the Venereal Diseases of Man and of the Lower Animals," *Proceedings of the Homœopathic Medical Society of Ohio*, 1882.) Again, cancer is not derived from without as a parasite, as some maintain; its histological character is well known, and its independent existence and growth can be otherwise explained. The assertion that malignant disease is caused by traumatism will not sustain an examination. We may readily admit, however, that where a strong predisposition to it exists, external violence may serve to start it into activity at the point injured. This

statement likewise applies to the smoking habit; for cancer was known centuries before tobacco was introduced as a luxury. A history of improperly treated *Psora* (*diathèse herpetique* of the French) has been invoked as a cause, but without sufficient reason, and the so-called *anti-psoric* treatment is utterly without effect in staying its progress. Moreover, cancer occurs in animals not subject to this diathesis; and Dr. Crisp has even discovered the disease in the pike. For an interesting paper on "Cancer in Domestic Animals," *vide American Veterinary Review*, April, 1884, p. 28. The supposition that cancer is a blood disease is altogether too vague, and is apt to discourage all search for its cause. Carcinoma is almost independent of most of the diseases of the body. It has been observed, however, that organic affections of the heart are rare amongst cancer patients, as is also tuberculosis. The effect of erysipelas upon some cancers is very remarkable. When this disease develops over a cancerous ulcer every trace of the original disease is removed, but in a few days or weeks at most its well known character reappears. This observation, we may digress to remark, was doubtless the cue that led a member of the Brooklyn Homœopathic Hospital staff to inoculate the *materies morbi* of erysipelas in the region of cancer, but with, we believe, only indifferent curative results. The most common concurrent affection with cancer is some form of innocent tumor; thus marking, to our mind, a state of altered nutrition, which only requires an element heterologous to the tissues to develop into malignant disease. That cancer is a growth of the body, though a misdirected or morbid one, is borne out by the analogy of other tumors, and is certain when its minute structure is demonstrated. The heredity of cancer cannot well be doubted. Mr. Sibley, who has made a special study of this question, traced it in one of every nine, and Mr. Paget in one of every four cases.

"In connection with the influence of the emotions upon

nutrition, its generally recognized effect in inducing cancer should be mentioned, *a predisposition in the system being probably necessary.*" (Italics are my own.) "Bichat maintains that cancer of the stomach frequently owes its origin to powerful emotions—'l'impression vive ressentie au pylore daus les fortes emotions, l'empreinte ineffacable qu'il en conserve quelquefois.'" Daniel H. Tuke, M. D *Influence of the Mind upon the Body*, p. 276, edition 1872. Now the age most favorable to the development of cancer is middle life, when business and social relations have been formed, and mental and nervous impressions are apt to be quiescent; indeed, if depressing emotions played the important part in the causation of cancer that some maintain we should expect to find this disease more prevalent between the twenty-fifth and thirty-fifth years, than at any subsequent period, besides so far as my own observation extends, cancer most frequently occurs in persons disposed to take life easy; whose disposition, in short is optimistic rather than otherwise. Moreover cancer should develop more often in the insane than in any other class, if the above theory holds good, whereas the converse obtains—consumption an inimical process to carcinoma usually terminating the majority of these cases. But what shall we say of the etiology of cancer in the lower animals. Surely an emotional state in them can influence nutrition to but a slight extent. M. U. Leblanc of Paris, one of the best veterinary authorities on this subject, has observed that the dog and cat are most frequently affected with cancer; in next in frequency came the pig, ox, horse and mule. At the veterinary hospital in New York City we had frequent opportunity of observing malignant disease in domestic animals; and after considerable thought and reading upon the mental and nervous phase of this subject we cannot but conclude that it plays but a small part in the causation of cancer, and then only in those predisposed to the disease.

Prof. Nussbaum, in a clinical lecture "How to change Malignant Tumors into Benign Ones," considers three factors necessary for the existence of a malignant tumor (cancer) namely:

1. Advanced age, and in consequence of it, less vigorous blood.

2. A *locus minoris resistanceæ*, i. e., a tissue disposed to the formation of cancer.

3. Debilitating alterations in the regulatory nervous system, e. g., great grief, misfortune, etc.

The Professor presents nothing in this lecture—if we except the frequent use of the thermo-cautery, and a method of circumcision which cuts off peripheral nutrition from a growth, and hence tends to starve it—beyond what is already well known to the profession. Presupposing in the reader an acquaintance with the latest histological aspect of our subject, we now turn our attention to the consideration of that most perplexing problem of all—

THE ETIOLOGY OF CANCER.

* * "However imperfect our knowledge may be, we inevitably come to a conclusion as to the order of causation; and the relations that are most on the surface, or nearest to our apprehension, are those which we adopt. This is the source of the '*post hoc ergo propter hoc*' logic of common life, and of all the pursuits of mankind, as well as those purely medical." Thomas Laycock, M. D.: *Lectures on the Principles and Methods of Medical Observation and Research*, p. 55.

Early in the course of our medical studies we became strongly impressed that the ordinary resources of our Materia Medica were inadequate to furnish remedies capable of combatting successfully a class of the most distressing diseases; in other words that a hiatus wide and clearly defined—existed in our therapeutic system. Experience later on in the treatment of disease caused this impression

to become a fixed conviction; but how to set about to remedy the defect has presented obstacles which we have not until very recently been able even in theory to surmount. I need not stop here to examine the class of diseases which baffles even the best directed skill of our system to more than palliate—it is known to all—and the new remedies that are being continually added to our resources are apparently not of the character to help us out of our difficulty. The attempt of Schussler to introduce as an abridged system of therapeutics - the inorganic tissue formers—has not resulted in enriching the Materia Medica to the extent hoped for—nay claimed by its author—much less supplanting the elaborate system of minute and varied drug symptomatology created by Hahnemann and his immediate followers. Schussler's sweeping assertion that these twelve inorganic tissue remedies are quite sufficient to cure in the shortest way all diseases that on the whole are curable, certainly displays a narrowness of mind and may we hint, a lack of impartial judgment—not usually found in a true philosopher. Had he included in his therapeutic system the proximate principles of all classes, he would have, we believe, with his superior knowledge of chemistry, reclaimed a *terra incognita*, which we can here only hope to throw an uncertain light upon, and carried our school of medicine to a point which our "friends the enemy" with their present scientific (?) methods are incapable of ever attaining. It is on this line, so abrubtly terminated by Schussler, that we will endeavor to turn our thoughts at this stage of the subject. Now it is well known that cancer is a rare disease under the age of thirty years: that is, until the system has attained to its full development, until, in short, the building up of the various tissues is no longer in excess of their breaking down. And again, this destructive disease occurs in the great majority of instances in those who have until its first appearance enjoyed the most robust health. This statement may be readily inferred from what

has been long known, viz.: that tuberculosis and carcinoma are, as a rule, inimical diseases; that is to say, the types of bodily constitution usually found associated with these affections are entirely unlike: the one being predisposed to abnormal cell proliferation (carbo. nitrogenoid); the other to unusual cell degeneration (oxogenoid). It would seem to follow, therefore, that if we are to arrive at anything approaching a comprehensive understanding of the essence of this disease (cancer), we must penetrate deeply, as it were, into the innermost mechanism of the body, and there take cognizance of the changes—chemical and otherwise—that are continually taking place. The clue that shall guide us in developing the present theory of the origin of cancer is contained in an article, entitled "A New Fact in the Pathology of Cancer," published in the *New York Medical Record* of about a year since. It is as follows: "In the *Journal de Medicine* of Brussels, Doctor W. Rommelaere publishes a series of clinical observations illustrating a new fact in the pathology of cancer. He finds in thirty-four cases that in persons subject to cancer the amount of urea daily eliminated progressively diminishes until it is below twelve grammes. By studying the urea eliminated in cases where doubt exists between gastric ulcer and cancer, a diagnosis can be made. In twelve cases of gastric ulcer the daily urea eliminated was about twenty-five grammes."

Now as we know that "the great mass of those tissues of the body which belong to the *cellular type*," (and cancer is by the majority of histologists, believed to take its origin either directly or indirectly in this tissue) "is generated at the expense of albuminous matter," and further, that urea is the principle product of the retrograde metamorphosis of nitrogenous material the question of interest that naturally arises is this: what became of the large amount of urea not eliminated in these thirty-four cases of cancer? (We regret that the varieties are not stated.) That this

was not retained in the system as such, we must at once concede, for no mention is made of any of the well known symptoms that would have presented had such been the case, and after a careful study of the causes that influence or retard the formation of urea, we cannot but conclude that owing to some local or other disturbance too little understood to enter into here, the proper balance between the evolution and the involution of the tissues is lost, and that the changes that should have resulted in the production of urea, or that which primarily gives rise to it, as well as other organic principles hereinafter to be named, could not take place, and the result of this misdirected work is an altered, or morbid state of nutrition of a part, which we term cancer.

Dr. Francis Donaldson, writing in *The American Journal of the Medical Science*, Vol. XXV, p. 43, opines that cancers all have a common pathology. He says: "It is improper to attempt to divide cancer into so many species, as they all have the same common pathology. The variety of aspect, consistence, volume, coloration and vascularity is caused merely by the amount of fibrous element, of fat or of gelatinous fluid present; all of which are purely accidental and in no way essential to constitute the growth." Professor Ziegler, writing more recently, (*Text Book of Pathological Anatomy*, p. 360,) sums up his views of the etiology of cancer in the following general statement, to-wit: "The entire behavior, anatomical and biological, of tumors justifies us in regarding them as formations more or less emancipated from the matrix tissue. It is true they draw their nutriment from the organism, and can not grow without its support. In other respects, however, they behave like independent growths isolated from the rest of the organism. It is in this independence or quasi-isolation that the etiological difficulty really lies. How does the neoplasm thus assume properties distinct from those of ts surroundings? We believe that the phenomenon is

ultimately due to some change affecting individual elements of a tissue, whereby they are rendered dissimilar to their neighbors. The change is manifested especially in this—that the normal checks to the indefinite growth of the proliferous cells are inoperative or inadequate, either because the formative and productive energy is increased, or because the restraining influences of the surrounding structures is diminished, or from both causes together?"

What now, let us inquire, are the "individual elements of a tissue" that may become subject to a special change, "whereby they are rendered dissimilar to their neighbors."

We know that they cannot be the "inorganic acids, bases and saline compounds, which properly rank as constituents of the body, for they are, for the most, applied to its construction in the forms in which they were introduced from the food; and they reappear under the same forms in the excretions." (Carpenter.) We must conclude, therefore, that it is in the *organic* elements of a tissue that this marked change or influence occurs, whereby a peculiar state of altered nutrition is induced—that rapidly goes on in its mission of destruction and death.

For special information concerning the organic elements of the various tissues, whence derived, the changes they undergo, etc., we could refer the reader to Vaughan's "*Hand-Book of Chemical Physiology and Pathology.*" Here we shall deem it necessary to mention only the most important of them, but shall continue their consideration in "Some Thoughts on a New Remedial Source." The organic elements of *epithelial* tissue, are chiefly, Keratin, Tyrosin, Leucin; of *muscular* tissue, Myosin, Kreatin, Kreatinin, Sarcosin, Carnin, Inosit; of *nervous* tissue, Cerebrin, Lecithin, Cholin. Besides, from other sources, Urea, Uric-acid, Potassium-Urate, Sodium-Urate, Ammonium-Urate, Calcium-Urate, Cholesterin, Cystin, etc., etc.

In regard to the conditions that give rise to the various benign tumors, we can at best only conjecture, but it would

seem plausible to argue, from what has been adduced, that they are essentially the same as those which enter into the formation of malignant disease, with this important exception, that the production of urea, or the decomposition of nitrogenous matters in the body, is not interfered with to the extent that it obtains in carcinoma.

With these few suggestions, which we hope may prove an incentive to further study of this important subject, we pass now to the consideration of

TREATMENT.

"The aim of all *science* must be directed to this: in the place of the *contingent* to set up that which law makes *necessary*, and every particular to refer to its universal; for these two predicates connect science with things."—Dr. V. Grauvogl.

Every physician doubtless remembers the *furore* that was created but a few years since over the introduction of Cunderango and Chian Turpentine as remedies for cancer; and how these like many others that once raised our hopes of finding a cure for this terrible disease, have vanished like *ignis fatui*, leaving the dark still darker.

Professor Lilianthal writes (*Homœopathic Therapeutics*, p. 79): "There are no remedies yet for cancer. The individuality of the patient, the cause of the affection [whatever this may be] and the concomitant symptoms may aid us in selecting the remedy which for the time being will alleviate the suffering." Now after having had opportunity of observing quite a number of patients afflicted with cancer, we must say that in the majority of instances we were unable to obtain any *subjective* symptoms whatever that would in any way aid us in selecting a remedy homœopathic to the condition, and must insist in this being a disease in which we are compelled for the most part to generalize in the treatment; and further that as we have no specific

remedy for it, it follows that in but a very small fraction of cases can we hope to be successful.

Dr. Kidd, writing on this subject (*The Law of Therapeutics*, p. 191), philosophizes as follows: "Certain diseases, like cancer, defy the science and art of medicine and surgery to do more than alleviate suffering. Yet the man of science should not despair of finding curative means to avert that terrible disease. The subcutaneous injection of medicine affords the most likely means of reaching its source and its cause. Watching the gradual infiltration of the tissues by the delicate microscopic cancer-cells, it would seem that the track or line of infection of the constitution from the earliest stage of scirrhus seems to be through the delicate structure of the cellular tissue and the intercellular spaces.

"What a boon to suffering humanity if any chemical agent could be found to follow this dire infection of the constitution, and leave the nodule of scirrhus to shrivel and die, without retaining its power to destroy the life of the tissues! Our search for agents to neutralize or destroy the cancer disease should lie in the direction of those which shut it up—as it were, encase these microscopic cells, and coagulate or harden the intercellular fluid. The best of such is chromic acid, which in the field of the microscope is seen, even in a solution as dilute as one part in one thousand of water, speedily to define, as if dissecting out the delicate cells, hardening and enclosing the nuclei, closing up their walls, thus preventing the diffusion of their contents," etc.

Even admitting—which we do not—that success would follow this practice in those cancers accessible to such treatment, what, may we ask, is to become of patients whose disease is beyond the reach of local medication? The philosophy of such treatment is altogether too arbitrary, and we shall not expect to see much good accomplished by a procedure that apprehends but one side of the difficulty.

Homœopathy, with its method of developing powerful medicines from apparently inert substances, will proceed on a much more rational plan. It will, we would suggest, have its best pharmacist prepare without delay the various organic elements of the tissues mentioned into potentized remedies and give them a thorough trial in the treatment of malignant diseases. They should act as do other tissue remedies, and reinstate the cellular equilibrium of a part diseased from causes over which they should have control.

Having now, as we believe, offered plausible "suggestions by which a search for a cure for cancer may be instituted," we will consider it an appendix to this article.

As to the phenique acid treatment of cancer, which completely carried away a member of our school, (vide "A Treatise on Antiseptic Medication," Nicho Francis Cooke, M. D., etc.,) we have nothing to say, except that results have by no means warranted the extravagant claims urged in its behalf, and a cure for cancer yet remains to be discovered.

[CONTINUED.]

ELECTROLYSIS OF URETHRAL STRICTURE.

WM. DUNN COOPER, Wayne, Michigan.

When called upon to treat a case of urethral stricture, the physician generally asks himself the question: What is the best method to employ in this case? Taking up the latest text books he carefully reads the different methods of operating, until he comes to the last, where his attention is drawn by the flattering introduction which usually reads as follows:

The treatment of organic stricture of the urethra by electrolysis is the most rational of all known methods, being the safest, most rapid, causing the least pain and giving the most satisfactory and lasting results. This being the result desired, he immediately decides upon the employment of electrolysis.

The next question that arises is, what kind of a battery is needed? He again turns to the text books and finds that some use one make of battery and some another, while others neglect of speaking of the kind or quality of the battery used. This proves very unsatisfactory to a person looking for information. A few words may prove of service to those who have run aground at this point. Always use the *Galvanic* current for organic stricture, and the *Faradic* current for spasmodic stricture.

Electrolysis requires quality and but small quantity therefore, we have to deal almost entirely with electro-motive force, the unit of which is one volt, representing a force capable of generating a velocity of one metre per second through a mass of one gramme. The electro-motive force depends upon the number of cells (when coupled in series) and not upon their size. There is just as much electro-motive force in a number of cells the size of a tumbler, as there would be in the same number of cells many times as large. The maximum of electro-motive force required for electrolysis of urethral stricture will seldom exceed 40 volts. Therefore the number of cells required will depend upon the electro-motive force of each cell. The Daniells cell is selected as the standard for one volt, while the Grenett and McIntosh cells, each have about two volts capacity.

For portability and short applications the bichromate of potash cell is the best, but where repeated or long applications are needed, the gravity battery is preferable, as it gives a constant current and requires no attention for months at a time; it is not portable and therefore only suitable for an office battery. In my practice I have used a large office battery, having a capacity of forty-five gravity cells, although I have never had occasion to use more than fifteen in the treatment of stricture.

The next enquiry the beginner makes is about the electrodes. One should be a broad sponge reaphone (by using

a broad reaphone the irritation under the positive pale is reduced to a minimum) which should be connected to the positive binding post by a conducting cord, the other should be a bulb tipped metalic sound, insulated down to the bulb. Electrodes of various styles may be obtained from the manufacturer, or the operator can make a bulb of the proper size and shape (I prefer the egg-shaped bulb) which is to be soldered to a wire of sufficient length to pass through a small bougie forming the insulation and curved like a catheter. Six sizes corresponding to Nos. 2, 4, 6, 8, 10 and 12 American bougies will be sufficient.

Having prepared the battery for use, it is important to know something of the effects due to electrolysis. Without this knowledge we may increase the trouble by the very means used to remove it. All substances are decomposed by electricity in exactly the same proportions in which they are chemically united, or in proportion to their atomic weight, therefore the amount of decomposition that takes place in any given case and the products of it, depend upon:

(*a*) The strength of the current;

(*b*) The nature of the substance acted upon;

(*c*) The material of which the electrodes are composed.

When the strength of the current is sufficient to overcome the resistance of the tissues between the electrodes the blood vessels of the part become dilated and engorged, producing hyperæmia and the absorbants are stimulated to increased activity (the point desired in the treatment of stricture). But should the current be increased and continued, the albumen of the part becomes coagulated; the salts of the tissues decomposed into acids and alkalies, the Oxygen and Chlorine (acids) attack the positive pole, while the Hydrogen and Sodium attack the negative electrode. If the electrodes are small, so as to concentrate the current, and the current strong, there will be enough acids and alkalies eliminated to act as a powerful escharotic produc-

ing sloughing around each pole. The acid eschar heals by a hard cicatrical contraction, while the alkaline eschar heals leaving a cicatrix which is soft and pliable.

The effects of electrolysis may, therefore, be divided into four stages:

(*a*) Absorbant;

(*b*) Coagulating;

(*c*) Mechanical disintegration;

(*d*) Escharotic or complete destruction of the tissues.

As absorption is the desideratum in the treatment of stricture, care should be taken to avoid the slightest overstepping of a scarcely defined boundery.

Having learned something of the electro-chemical effects of electrolysis, we are ready to receive our patient and proceed with the operation. There must now be a close differentiation between spasmodic and organic stricture; the former being made worse, or might even be the result of of Galvanism, while the Faradic current only should be used in spasmodic stricture.

Place the patient in any convenient position and then determine the size and position of the stricture with a common sound or bougie lubricated with soap. Now choose an electrode one size larger than the bougie just passed, attach it to the negative cord, lubricate with soap (as oil is a non-conductor), and pass it gently down the urethra until it comes in contact with the stricture. Complete the circuit by placing the moistened sponge neaphore, which is attached to the positive cord, on some convenient part of the body (I generally choose the inguinal region). Hold the sound lightly and turn on the electricity one cell at a time, until the patient feels a warm tickling sensation. Rest at this point. Soon, from three to twenty minutes, you will have the satisfaction of feeling the bulb pass the obstruction. Some operators are opposed to passing the electrode more than once during a seance. This is the safest rule to follow, although I have met cases where a few to and fro passes were of great service.

It must not be forgotten to stop the current before withdrawing the electrode, otherwise acute pain will be induced in the course of the urethra, which often remains sometime. Pain should never be inflicted during electrolysis; therefore it should not be applied when the urethra is in an acute or even subacute inflammatory condition. It is well to leave a little urine in the bladder. It serves to diffuse the stimulus and is more agreeable to the patient than when the bladder is empty. The application may be repeated as often as necessary at intervals of two or three days.

After reading of the speedy cures of cases reported in the text-books, and passing the electrode for the first time, the beginner is apt to promise his patient too speedy a cure, because with the first application the calibre of the stricture is so increased as to allow the passage of a large bougie; but imagine his surprise when at each succeeding treatment he is able to pass a still larger electrode but no larger bougie. By close observation he will find that after the first application the stricture diminishes from behind forward, and but slightly in calibre. The time and number of applications required to cure a case, will depend upon the amount of organic or cartilaginous development of the stricture.

The question is often asked, Why all operators are not successful? The best answer to this is, that work not properly done never gives satisfaction. To be successful one must be an expert, not only in the use of electricity but also in the selection and manipulation of urethral instruments. The results of treating stricture by electrolysis are very satisfactory and more permanent than when dilatation alone is employed. The operation is free from pain, hæmorrhage, febrile reaction, or any ill effects, if conducted with ordinary skill. The patient is not confined to his bed after the operation, and passes water immediately after it without inconvenience.

VOMITING OF URINE.

CHAS. B. GILBERT, M. D.

In Vol. XII of the ADVANCE, p. 123, there is a paper read by the Allopathic Dr. Devendorf in which he advocates consultations with Homœopaths; on p. 126 Dr. Noyes said in the discussion "one homœopathic author talks of patients having vomited urine, and as an illustration of the ignorance that pervades the ranks this is not an exaggeration." A few years ago I was attending a patient in the last stage of Bright's disease and happening to be in the house one day when she vomited, the daughter who was assisting her said —"Doctor, this vomit has such a strong smell of urine!" The function of the kidneys was much reduced at that time. Can that only be called urine which is excreted into the bladder?

CORRESPONDENCE.

OUR BOSTON LETTER.

HOTEL VENDÔME,
BOSTON, MASS., June, 1885.

The people are daily leaving Boston in numbers for holiday resorts, and the Back Bay locality will soon be deserted. Your correspondent, however, is among the unfortunates who cannot leave for a while yet, and his movements will be mainly confined to a trip every evening to Nantasket, an adjacent sea-side station, with a return to the city the morning following.

It is pleasant to notice the subsidence of the popular apprehension in regard to cholera, as the summer advances without any appearance of this disease. It is true that late dispatches indicate its recrudescence in several districts of Spain; but to most persons that country seems far distant,

and very little alarm is felt in consequence. The dread of a visitation from this scourge has caused an enforcement of sanitary precautions, throughout the Union, which will greatly benefit the health of our citizens and considerably lessen the death-rate. Boston has never been better sanitarily equipped to cope with disease; and it is mostly due to the agitation of a few sanitarians, who found a powerful ally in the public fear of cholera.

Since my last letter Dr. Hughes has written to the "Alienist and Neurologist Journal," that cancer can be prevented or controlled as well as any other diathetic condition, and states that the cure consists in correcting its neuropathic relations. To bring about the latter result, you must by early and continued efforts keep up the tone of the system as near the standard of health as possible, and thus prevent the development of the disease. It will be remembered that Pasteur was not successful in innoculating fowls with the bacillus anthraxis till he reduced their normal high temperature, as the heat killed the germs. It is therefore concluded that when the human system is lowered the germs find ready access and disease results.

The predisposing and exciting causes of cancer are still questions involved in doubt in the minds of many in the profession. I myself, believe that its development is dependent upon an "inherent-tumor forming diathesis" (Billroth), although under a peculiar combination of circumstances it may arise *de novo*, but exceptionally so. If the subject with the tumor diathesis meet with a local injury, he is likely to be the victim of a malignant growth; if on the other hand his system be free from such a disposition wounds or contusions would rapidly heal. Richard Barwell of Charing-Cross Hospital fully apprehended this when he wrote: ". . . . occasionally under the stimulus of severe irritation the tissue elements, which under favorable circumstances would assume only the additional activity necessary for repair, may exhibit a more prolific

cell germination, culminating in a rapid form of malignant disease in one of these forms, whether named myeloid or round-celled sarcoma or encephaloid cancer, which consists of little else than heaped-up cells and their progeny." As is well known the seeds of the disease may be present in the system and never give outward manifestation of their existence until some exciting cause like an injury should happen. The probability is, therefore, that excessive smoking in General Grant's case had nothing to do with his disease, beyond perhaps hastening its development.

At the last meeting of the Boston Homœopathic Medical Society your correspondent read a paper entitled "Relapsing, or Remittent Pneumonia, with remarks on the ætiology of Pneumonia generally." He introduced his subject by general remarks concerning the difference in the types of disease prevalent since the introduction of the sewer system in our cities; next cited an anomalous case, with relapsing symptoms, then gave his views on the ætiology of the disease and concluded with certain suggestions in regard to diet, and general remarks on the importance of submitting such cases for discussion, with the view of eliciting opinions thereon from all the different standpoints.

The writer was actuated by the hope of bringing to bear on a disease very prominent, of late years, and very influential on the death-rate, all the professional light available, as well as desirous of hearing the opinions of men holding different theories, the result of years of study and observation. A few useful and instructive comments were made upon suggestive points of the essay which may serve some in their future practice, while stimulating in others the habit of observation and practical reflection.

Dr. Geo. M. Ockford's paper, "Thoughts on the Ætiology of Pneumonia," ascribed the increase of the disease to the modern system of pavement striking out steel from the steel wheels of carriages and shoes of horses which, wafted up by the wind, was inhaled by passers-by, the mucous

membrane of whose bronchial tubes became irritated, the system lowered and pneumonia early developed. He also thought the modern method of heating houses a fruitful source of the disease, as also too light clothing.

Dr. Stella Manning gave next a brief account of a case of Pneumonia, which showed some care in its preparation; but the treatment exposed may have been open to criticism.

Dr. H. C. Clapp spoke favorably of the three papers, complimenting the writers. He said he was led by the title of the first to expect a description of such cases as were common in the South, where intermittent fever was a complication of pneumonia—the malarial infection localizing itself in the lungs. He believed, with the writer, that septic influences were in the great majority of the cases the cause of the disease. In common with others he had noticed that pneumonia was even more prevalent South than North, while it was hardly known in the Arctic regions where, instead, bronchitis and pleuritis were common. He thought that the theory of Friedlander and Frobenius, to which the author of the first paper had alluded, would yet be found the correct one. There was no doubt of the existence of micro-germs, cocci, but whether they stood in the relation of cause and effect remained to be proven. Nor did he either believe pneumonia contagious.

Dr. Clapp differed from Dr. Ockford, and did not think that inhalation of steel or other impurities from the streets was one of the causes of pneumonia. But he knew that such inhalations might lead to bronchitis, phthisis and catarrh. Juergensen entertains a similar opinion to Dr. Clapp, but an excellent authority, Dr. Hirt, says that "the continued inhalation of dust not only favors the occurrence of croupous pneumonia, but even directly produces it." He did not believe that a traumatic cause could produce croupous pneumonia, although it might occasion a pulmonary lesion, for it was a specific disease.

Dr. Sherman, having been called upon for an expression

of opinion on the treatment of pneumonia, favored the free use of stimulants and liberal feeding, believing the vital powers needed good support till the crisis of the disease passed. He evidently considered that "nature cures, and the only duty of the physician is to maintain life till this cure is effected." He generally gave Murdoch's Liquid Food, and with satisfactory results—in fact he considered it invaluable. He desired to know if bronchial casts were frequently brought up in croupous pneumonia, to which Dr. Clapp replied he had known of such a thing.

Dr. Packard of South Boston did not accept the germ theory of disease, and therefore did not consider pneumonia had a septic origin. He cited a few cases in support of his view which, however, upon close analysis did not bear it out. He candidly admitted that most of his cases complained of lassitude and weariness, and anorexia for some days previous; but I think that if the memory of his patients served them better, they would remember a longer prodromic stage. Most of them had a chill shortly before the disease set in.

Dr. Packard also thought that the relapses mentioned by your correspondent, in his case of pneumonia, were due to cold contracted during the course of the disease. He admitted having suffered from pneumonia, but a short time ago, and that he considered his case one of "walking pneumonia," as he was attending to his professional duties when he began to expectorate "rust colored" sputa. The expectoration throughout his illness was but slight; and he desired to know if any members of the society had met with similar cases.

Your correspondent, as was his privilege, wound up the debate, explaining his reasons for the title of his paper. There were two marked remissions in the case he had dealt with when the pulse and temperature had almost returned to the natural or normal, followed a few hours after by the disease making a fresh start, exhibiting more virulence

than before. Those outbreaks appeared to him as manifestations of that complex condition known as the septic, which often indulges in extraordinary freaks. He thought they fully justified the selection of his title. Sir Andrew Clark speaks of such cases as "Intermittent Pneumonia;" but where no complete disappearance of the lung difficulty could be shown, your correspondent preferred the term "Remittent." As regards stimulants, he seldom used them, even suspending their administration when ordered by others preceding him in the treatment of the case. When he resorted to them, by a strange coincidence, the patients all died; but he had only ordered them when the case was hopeless. In answer to Dr. Packard, he stated that few members of the profession now believed that cold could be contracted during the existence of fever, and he did not ascribe the relapses to that factor. They were, he thought, however, a phase of the disease or one of its developments; and while a chill often ushered in pneumonia it was seldom the general exciting cause. The majority of his cases were among the weak and delicate. He also stated that he had had several typical cases of pneumonia, which, throughout, were free from expectoration, notwithstanding unmistakable evidences of hepatization of the lung. Sir Andrew Clark also made the statement before the Medical Society of London last year, that: "It was no rare thing for him to see cases without expectoration; and he ventured to say that one-third of the cases at the London Hospital had no expectoration." In reply to Dr. Sherman he mentioned a case of pneumonia he had, but the week previous, in which two distinct casts, perfect moulds of some small bronchial tube, were expectorated.

At this stage of the proceedings Dr. Klein brought in a very interesting specimen of carcinoma of the scirrhus variety of the left kidney, taken from a child aged 14 months. The cortical portion was but slightly involved, the proliferation extended towards the pelvis destroying

the pyramids and doubtless the utility of that organ. The history of the case was also given. Owing to the advanced state of decomposition of this specimen, it had to be quickly removed from the room.

Dr. F. C. Richardson who was billed to read a paper on "The Treatment of Pneumonia" now made his appearance, apologizing for his lateness in coming. His paper was interesting, and well composed, the therapeutical facts being brought out with clearness. He entered at length into the more recent allopathic methods of treatment of the disease, pointing out their mutual inconsistencies. He dwelt especially upon Dr. Austin Flint's affirmation that the disease would be aborted by Quinine, and Dr. Loomis, that Calomel in large doses would produce the same effect. While it was possible this had been done, he preferred its achievement by milder means, and had succeeded in several cases, with Aconite and Bryonia in drop doses of the mother tincture. He then described the different indications for some of the most important medicines in our Materia Medica, notably Ammonia Mur and Tartarus in dispersing consolidation; Senega and Sanguinaria to relieve the bronchial complications; Ammonia Carb. to rouse the lowered vitality of the system; Iron, where the difficult breathing was relieved by slow motion; Bryonia and Kali for the acute stitching pains, and Aconite to allay restlessness. Some of the other medicines he recommended reminded one more of Allopathic than Homœopathic measures. He also cautioned his hearers to be very careful in the use of Aconite and Veratrum viride in low potencies, and strongly advocated the free use of stimulants, as much as six or eight ounces of brandy in the twenty-four hours, besides free or liberal nourishment. The disease he considered essentially due to lowered vitality of the system, with threatened failure of the heart's action, which called for much stimulation.

Dr. Palmer, while appreciating the merits of the paper, desired to record his objection to the indiscriminate use of

stimulants, which he said he seldom employed except where the pulse wavered and was high, when he used them sparingly, believing that a reaction followed their use, that was often injurious.

I have other subjects I would like to treat of to-day, but time and space forbid my doing so.

PROSPER BENDER, M. D.

DIGEST TO HÆMORRHOIDS, PILES.

We give below the valuable "Digest" on Hæmorrhoids, from Raue's "Special Pathology," 3d edition. These "Digests" are found at close of chapter on treatment of every disease, in which occur three pages of "Therapeutic Hints."

Bleeding: *Acon., Æsc. hipp., Amm. carb., Bellad., Calc. carb., Capsic., Chamom., China, Collins., Kriger., Hamam., Hydrast., Ignat., Kali carb., Leptand., Mercur., Nitr. ac., Phosph. ac., Pulsat., Sulphur.*

Bleeding frequently: *Leptand.*

——during stool, which is watery: *Mercur.*

Bleeding during stool, and slime: *Pulsat.*

—— —— and after: *Amm. carb., Cascar.*

—— during micturition, and emit slime afterwards: *Kali carb.*

——, with colic: *Chamom.*

——, with pain in small of back, as if it would break: *Bellad.*

——, with shooting pain up into the rectum: *Ignat.*

——, with burning, soreness, fulness in rectum: *Hamam.*

——, with burning in anus: *Capsic.*

——, with burning and burning-itching: *China.*

——, with stinging and pressing in anus: *Acon.*

——is followed by excessive weakness: *Hydrast.*

Suppression of bleeding is followed by giddiness, worse on going up-stairs: *Calc. carb.*

Blind or flowing: *Nux vom., Pulsat., Sulphur.*

——, sore, protruding after every stool: *Rhus tox.*

Moist with pain as from excoriation: *Amm. carb.*

Protruding: *Æsc. hipp., Aloes, Amm. carb., Apis, Calc. carb., Carb. veg., Caustic., Collins., Kali carb., Laches., Lycop., Mur. ac., Nitr. ac., Phosphor., Ratan., Rhus tox.*

——, like bunches of grapes: *Aloes.*

——, blue, even suppuration, terrible smell: *Carb veg.*

——, bluish, painful to slightest contact: *Mur. ac.*

——, purple, bleeding slightly: *Æsc. hipp.*

—— during and without stool: *Amm. carb.*

—— after each stool: *Nitr. ac., Rhus tox.*

——even after soft stool: *Sepia.*

——after hard stool, with straining: *Ratan.*

—— during emission of flatus. *Phosphor.*

Inflamed: *Acon. Ferr. phosph.*
—— and suppurating: *Carb. veg., Hepar, Mercur., Sepia, Silic.*
Incarcerated from spasmodic constriction of the sphincter ani: *Bellad.*
The varices become hardened: *Sepia.*
Cracks between the varices: *Graphit.*
Painful: *Kali carb., Laches., Pulsat.*
——, hindering stool: *Caustic.*
——, from slightest touch: *Bellad., Thuja.*
—— in sitting: *Lycop., Phosph. ac.*
Hot and sore: *Aloes.*
Burning when touched: *Caustic.*
—— like fire, worse in night: *Arsen.*
Stinging, burning and smarting: *Apis.*
Titillating and smarting: *Petrol.*
Tingling, itching and burning: *Ant. crud.*
Stinging: *Caustic.*
—— and humid: *Natr. mur.*
Stitching when coughing or sneezing: *Laches.*

ACCOMPANYING SYMPTOMS.

Crying, screaming, tossing, restless: *Chamom.*
Depressed spirits: *Lycop.*
Hypochondriac mood: *Nux vom.*
Quiet nature, or easily excited, or depressed: *Ignat.*
Mild, gentle, tearful: *Pulsat.*
Irritable and fidgety: *Apis.*
Angry, peevish and ill-humored: *Chamom.*

Vertigo: *Sulphur.*
——, worse looking up or down: *Phosphor.*
Congestion to head: *Bellad., Carb. veg., Sulphur.*
Heaviness and fulness: *Calc. carb.*
Headache: *Nux vom., Pulsat.*
Herpes on boundaries of hair in nape of neck: *Natr. mur.*
Grayish-yellow color of face: *Lycop.*
Dryness and bad taste in mouth every morning: *Pulsat.*
No thirst: *Pulsat.*
Loss of appetite: *Sulphur.*
Sudden hunger, with faintness before dinner: *Sulphur.*
Pain in pit of stomach, with difficulty of breathing: *Sulphur.*
Swelling of pit of stomach: *Calc. carb.*
Catarrh of stomach and bowels: *Ferr. phosph.*
Colicky pain: *Pulsat.*
—— and feeling of fulness: *Acon.*
Flatulency: *Carb. veg.*
Distention of abdomen and rumbling after stool: *Lycop.*
Fulness and bearing down: *Æsc. hipp.*
Ineffectual urging: *Nux vom., Sulphur.*
Frequent urging and diarrhœa: *Chamom.*
Constipation: *Apis, Kali carb., Nux vom.*
——, with flatulence and headache: *Podoph.*
——, and pain in epigastrium, and loss of appetite: *Collins.*
——, with hardness in region of liver: *Graphit.*
——, and feeling as of sticks in rectum: *Æsc. hipp.*
——, and alternate diarrhœa: *Ant. crud.*
——, and pain beneath the sacrum: *Leptand.*
Stools hard, lumpy: *Cascar., Eriger.*
——, knotty, with blood and slime: *Graphit.*
—— ——, like laurel-berries, with cutting in anus, followed by a jet of blood and soreness in rectum: *Alum.*
—— thin, bloody, with soreness of anus, or stitches in rectum, also between stools, arresting breathing and causing him to start: *Sulphur.*
Diarrhœa: *Ant. crud., Collins.*
Flatus with stool: *Aloes.*
After stool, cutting, tearing in rectum for hours: *Ignat.*
—— ——, worse after a loose stool: *Nitr. ac.*

——, cutting pain long continued: *Lycop.*

Anus, burning in: *Natr. mur.*
——, —— and swelling: *Sepia.*
——, —— before and during diarrhœic stool: *Ratan.*
Rectum, burning in: *Carb. veg.*
—— and anus, burning and stitching in: *Petrol.*
Rectum, burning in, and itching of anus: *Amm. carb*
Cutting in rectum and bladder: *Lycop.*
Smarting and beating in rectum: *Natr. mur.*
Sticking Pain in rectum as of sticks or gravel: *Æsc. hipp., Collins.*
Straining, continual, in rectum: *Sepia.*
Tingling in anus, creeping and itching extending into urethra, with burning in glans: *China.*
Prolapsus recti: *Nat. mur.*
—— during stool: *Ignat., Sulphur.*
——, with diarrhœa: *Podoph.*
——, during loose stool and during micturition: *Mur. ac.*
——, rectum is black and bleeding: *Mercur.*
——, without desire for stool, as if rectum had become paralyzed: *Graphit.*
Oozing of moisture from rectum: *Carb. veg., Sepia.*
——, mucus from rectum: *Ant. crud.*
Discharge of mucus from anus, which is constantly open: *Phosphor.*
—— ——, mixed with blood; *Capsic.*
—— dark, coagulated blood: *Phosphor.*
Fissures of ani, ulcerating: *Chamom.*
——, with great sensitiveness: *Nux vom., Ratan.*
——, with impossibility to void urine: *Arsen.*
Cracks between varices, burning: *Graphit.*
Eruption around anus, itching, painful: *Lycop.*
Rawness of anus: *Hamam.*

Fistula ani: *Caustic.*
Herpes about anus: *Natr. mur.*
Scurf on the border of anus: *Petrol.*
Sweat on perineum; tender to touch: *Alum.*
Itching herpes on perineum: *Petrol.*
Soreness between buttocks: *Sepia.*
Spasms of bladder, with bloody discharge: *Colchic.*
Urging to urinate, frequent: *Lycop.*
Urination difficult: *Sepia.*
—— impossible: *Arsen.*
Dysuria: *Bellad.*
Burning during micturition: *Sulphur.*
Cutting in urethra after micturition: *Natr. mur., Sepia.*
Discharge from bowels, feeling of, during micturition: *Aloes.*
Hæmorrhage from bowels during micturition: *Mercur.*
Feeling as if drops came from bladder: *Sepia.*
Urine bloody: *Arsen., Colchic.*
—— scanty: *Apis.*
Sediment slimy or reddish-sandy: *Lycop.*
Prostate gland enlarged: *Staphis.*

Labor-like drawing towards uterus, when standing: *Rhus tox.*
Scanty menses: *Hamam.*
—— and delayed, leucorrhœa like water: *Graphit.*
Too early and too profuse menses: *Calc. carb.*

Palpitation of heart: *Calc. carb., Sulphur.*
Pricking pain in region of heart: *Hamam.*
Back, pain in, worse at night: *Chamom.*
——, feels as if it would break off: *Bellad., Hamam.*
——, pain in and through pelvis: *Staphis.*
——, ——, and cutting pain in bowels: *Capsic.*
——, drawing in, from above downward, with pressing in rectum: *Rhus tox.*

——, bruised feeling in, and sacrum: *Acon.*
——, aching pain and lame feeling in: *Æsc. hipp.*
Small of back, as if broken: *Arsen., Kali carb.*
——, as if parts were too short: *Sulphur.*
Small of back, as if bruised, when lying or sitting still: *Rhus tox.*

Pricking pain in superficial veins from wrist to shoulder: *Hamam.*
Burning in skin and veins: *Arsen.*
Sweat, offensive, of feet: *Calc. carb.*
Habitual cold, damp feet: *Calc. carb.*
Cannot stand erect: *Sulphur.*

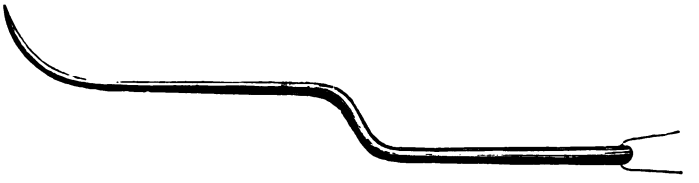
Feverish restlessness: *Bellad.*
Sweating: *Chamom.*
Sleepy through day, sleepless at night: *Sulphur.*
Sleepless early in morning: *Nux vom.*
Weakness and restlessness: *Arsen.*
Fainting spells: *Pulsat.*

After constipation with too large stools: *Kali carb.*
—— purgative medicines, highly seasoned food, etc.: *Nux vom.*
—— high living. *Carb. veg.*
—— habitual drinking: *Arsen.*
—— confinement: *Ignat., Kali carb.*
—— scanty menses at critical age: *Laches.*
—— suppression of habitual bleeding: *Sulphur.*
—— sycosis: *Thuja.*

Worse from evening till late in night: *Collins.*
—— on stooping: *Arsen.*
—— on walking: *Calc. carb., Caustic.*
—— after drinking milk: *Sepia.*
—— after reflection: *Caustic.*
—— on lying, must lie with nates separated: *Bellad.*
Better from cold water: *Aloes.*
—— when moving about: *Rhus tox.*
—— when riding on horseback: *Kali carb.*
—— when sitting: *Calc. carb.*

CHAMPLIN'S IMPROVED POST-MORTEM NEEDLE.

The accompanying cut of a practical post-mortem needle will we trust commend itself to our readers. It is manufactured by Millburn & Williamson, 86 Woodward-ave Detroit.



Dr. H. W. Champlin, Chelsea, Michigan, is the designer and he says: "The fenestrum should be large enough to use wrapping twine. By the use of this needle the tedious and dangerous work of dressing the body after an autopsy will

be rendered rapid and safe. The only advantage in using the common surgeon's needle is that it occasionally reduces the ranks of the profession which appears very undesirable at present."

EDITORIAL.

THE NORTHERN ASYLUM.—In their recent appointment of a superintendent for this institution the board of control has done a most flagrant injustice, and *knowingly*. Every member thereof knew the desire of the people of Michigan as expressed by their servants in the Legislature. That desire is plainly evinced by an act passed by the Legislature of 1883, of which we cite Section 1, in order that the reader may know in what spirit the board of control has fulfilled its trust.

The People of the State of Michigan Enact, That the board of control of the Northern Asylum for the insane is hereby authorized to place the medical administration of the same under the supervision and control of a reputable physician and surgeon of the homœopathic school of medicine.

Approved June 8, 1883.

There is nothing abstruse in this, nothing that demands a "legal mind" for its interpretation; it unequivocally invests the board of control with authority to place a certain state institution "under the supervision and control of a reputable physician and surgeon of the homœopathic school of medicine." Beyond a doubt this board of control fully realized what authority was thus conveyed, and as fully understood the intent thus expressed. To say otherwise is to insult the members of this board, if they are men possessed of common sense; and to say that they are not possessed of common sense would be a serious reflection upon the judgment, or upon the integrity, of the official that appointed them.

The appointment of a superintendent who is *not* "of the homœopathic school of medicine" is, then, an unmistaka-

ble thwarting of both the desire and the design of "The People of the State of Michigan."

For this thwarting some one, or some *thing*, is responsible. To place that responsibility where it belongs, to see that the legitimate consequences of wrong-doing are not evaded, and to secure the execution of the expressed will of the people are now the bounden duties of every Homœopath—both layman, laywoman and physician—in Michigan; and to faithfully discharge these duties is to rebuke iniquity in high places, to expose iniquity in questionable places, and to correct iniquity in all places amenable to the will of the people.

Wily as the devil is, "popular" as he is, strong as he is, he and all his allies are doomed to disgrace and defeat by the edict of the Eternal. Governors, boards of control, the whole apparatus of iniquity must take note of this, for it is a truth as old as the Universe. It is a truth that men have always *tried* to forget. Governors have tried to forget it, and never since time was has there been one single success. It is failure, sooner or later, always and everywhere failure, inevitable and inexorable *failure*.

The will of the people, as expressed by the Legislature of 1883, desired that one of the three asylums for the insane in Michigan should be "under the supervision and control" of a physician of the homœopathic school. This is simply just to such tax-paying citizens of Michigan as are willing to trust themselves in sickness to the homœopathic practice. These tax-paying citizens are not only willing to trust themselves to the homœopathic practice, but many of them will not, under any conditions, 'trust,' or allow for them, any other medical practice. This, their election, is not a violation of any law; it is the instinct of self-preservation, and it is only an insolent impertinence on the part of the State to dictate, or to restrict, the religious belief and the medical system of practice of any citizen. The State dare not attempt such a dictation in the matter

of religion, nor must it aid, abet or countenance even the shadow of such an attempt in the matter of medicine. A State Religion is both foreign and inimical to the genius and spirit of American institutions, and the American people will resent any endeavor to foist on them a State Medicine.

By the action of this board of control a citizen of Michigan who, so long as he is in his right mind, can elect whatsoever practice of medicine he may deem best, cannot, if he be so unfortunate as to lose his reason, enter any state institution for the care of the insane and have that practice of medicine which alone he would trust when sane. Nor can they to whom his welfare is of the supremest importance now choose for him. Against their every deepest conviction their father, mother, sister or brother must be subjected to a practice of medicine that they abhor and distrust, or they must forego their right to the use of such an institution as they and theirs are taxed to build and sustain.

When such a result is obtained by any means or measures whatsoever, it is simply special legislation, or special trickery, for a special system of medical practice. It is taxation without representation; it is an unrighteous discrimination between schools of medicine, and at the same time a direct contravention of the plainly expressed will of the people.

The issue is direct and unmistakable; the wrong is palpably all on one side, the right is puissantly all on the other and accordingly as the governor and the board of control are on the one side or the other shall it fare with them.

With the people it is not now a question of medical practice; all "schools" whatsoever sink into utter insignificance when any of the inalienable prerogatives of citizenship are assailed, when might subverts right and justice is gagged and chained.

When the *vox populi* is in unison with the *vox Dei* the issue is never doubtful. Governors, boards of control and

all unclean things whatsoever, to the contrary notwithstanding. But, to find "Governors" and "boards of control" in *such* company!

We who are the special custodians and the avowed advocates of the truth as it is in Homœopathic Medicine must grapple with that older and most unscrupulous school whose influence on governors and boards of control can frustrate the desire, thwart the design, and mock the will of the people. This that school has done, and the very iniquity of its doing is our strength. They have appealed unto Cæsar—and a poor, little picayune Cæsar they find him—we must appeal to the people who, sometimes, cannot detect a picayune Cæsar until he has declared himself to their disgrace. S. A. J.

NEW PUBLICATIONS.

BACTERIAL PATHOLOGY.

A series of papers on the exhibits at the biological laboratory of the health exhibition; under the charge of Watson Cheyne. Reprint from the London Lancet.

THE BABY: HOW TO KEEP IT WELL. J. B. DUNHAM, M. D. Pp. 56. Gross & Delbridge, Chicago.

This gives in a very succinct form for reference the hygiene of both mother and infant during lactation. Also some practical hints on artificial feeding. It simply teaches "how to keep the baby well," not how to cure when sick.

A TEXT-BOOK OF MATERIA MEDICA. Characteristic, Analytical and Comparative. A. C. COWPERTHWAITE, M. D. Third edition, revised and enlarged, with pronouncing index. Pp. 715, 8 vo. Cloth, $5.00; sheep, $6.00. Gross and Delbridge, Chicago.

The text has been largely re-written and revised, many clinical symptoms added, the comparisons extended and made more complete, and about one hundred more remedies added, thus giving the prominent features and characteristics of our leading remedies. It will form an admirable addition to the library of the beginner and should become a standard text-book in our colleges, as the comparisons will greatly facilitate the study of this difficult sub-

ject. Dr. Gross has added a "pronouncing index" which will be of great value to the student, and may be referred to with profit if not pleasure by many practitioners. It is well printed and well bound.

TREATMENT OF ZYMOTIC DISEASES, by syrups and subcutaneous injection of Declat's pure nascent phenic acid and topical treatment, by DECLAT GLYCO-PHENIQUE. Pages 61. The Declat Manufacturing Co., 86 Warren Street, New York, Publishers.

This small manual contains a description of the various Declat preparations; treatment of many individual diseases, and testimony in regard to their efficacy in the cure of disease. Any physician can obtain a copy by addressing the publishers.

THE OLEATES. JOHN V. SHOEMAKER, M. D. F. A. Davis, 1217 Filbert street, Phila.

In this hand-book of 120 pages, Dr. Shoemaker gives us the results of his experience in the use of these preparations; their physiological action and therapeutical effects. The chief preparations are oleates of the metals, and he considers them "amongst the more scientific means we possess for treating affections of the cutaneous covering."

INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON GENERAL'S OFFICE, U. S. A. Authors and Subjects, Vol. 6. Heastie-Inisfeldt. Washington: Government Printing Office.

Volume six brings the totals to the following: Author-titles 58,886, volumes 33,265; pamphlets, 47,325. Also book-titles, 64,142 and journal articles 219,154. Some idea of this vast library can be formed from these figures and yet it is probably not more than half complete.

HOW TO SEE WITH THE MICROSCOPE. J. EDWARDS SMITH, M. D., Professor of Histology in the Cleveland Homœopathic Hospital College. Second edition; illustrated. Pp. 410. Duncan Bros., Chicago.

That a second edition of this work should be called for is pretty good evidence that the views advanced by the author are now very generally accepted by microscopists. But, as the author says "the best stand to-day may not be the best to-morrow," "eternal vigilence" appears to be the price of knowledge in microscopy. Hence the necessity for buying and reading this second edition. The supplement contains some spicy correspondence.

EDITOR'S TABLE.

MARRIED. *Macomber—Adams.*—Geo. N. Macomber, M. D., of Syracuse, N. Y., was married September 2, 1885, to Miss Minnie C. Adams, of Potsdam, N. Y.

Sinclair—Luton.—M. C. Sinclair, M. D., of Grand Rapids, Mich., and Miss Luton, sister of L. Luton, M. D, of St. Thomas, Ont.

J. D. Grahill, M. D., removes to 59 Eagle street, Dayton, O., and is succeeded at Union City, Ind., by F. M. Gustin, M. D., formerly of Warsaw, Ind.

MRS. M. B. PEARMAN, M. D., has been appointed Professor of Gynæcology, and A. H. Schott, M. D., Professor of Pædology in the Homœopathic Medical College of St. Louis, Mo. This looks like work for the students.

BUTTER AND FATS. In an article to be found in another column on this subject, Dr. Taylor claims to have discovered, in the characteristic crystal, a ready and practical means of detecting butter from the various adulterations now sold for it. If further experiments confirm this discovery it will be another triumph of the microscope. We invite a careful perusal.

LEE'S REPERTORY. We have often been asked "what repertory we used in daily practice?" Well, we prefer Boenninghausen's for close work, but it is long since out of print and impossible to obtain, and besides does not contain the new remedies of the last twenty years. We have the Index, Lippe, Hempel's Jahr, and all that have been made. If we were to advise a practical working repertory, we think Lee's the best. See prospectus in May issue of ADVANCE. All who want it should send in their names at once.

HENRY MINTON, M. D., retires from the editorship of *Homœopathic Journal of Obstetrics* and is succeeded by L. L. Danforth, M. D., of New York. We extend a hearty welcome to the editorial corps, and promise him plenty of hard work and poor pay.

ACIDULATED DRINKS. In the craving for acids which often occurs in the course of a fever, when lemon disagrees we have found Horsford's Acid Phosphates to be very grateful.

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PERSONAL. The ADVANCE is deeply grateful for kind words of encouragment and prompt remittance of subscriptions: the former will stimulate its contributors and editor in their labors, and the latter cheer the printer's heart.

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H. C. ALLEN, M. D., Editor and Publisher.
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The Editor is not responsible for the opinions of contributors or correspondents.
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VOL. XVI. ANN ARBOR, OCTOBER, 1885. NO. 4

ORIGINAL CONTRIBUTIONS.

"WHAT SHALL WE DO WHEN THE LAW FAILS."

J. T. KENT, A. M., M. D., St. Louis. Mo.

There is a large number of earnest believers in the *law of cure*, who desire to limit or restrict its application, not realizing that this limited acceptance makes it to themselves no law, but a rule of management of a few cases. With them it is not a law that has any relation to their failures, but some other kind of medical practice must be called into use to fit the uncured cases which are, as a rule, the majority. These expect to cure all cases of disease with medicines in crude state and, failing to do so, condemn the law as only applicable to "certain cases." They say that certain diseases must be treated with strong medicines; that a congestive chill must have large doses of quinine. They deny the dynamic activities of medicines and ask foolish questions and manifest wonderful ignorance of medical philosophy. They do not admit what they cannot demonstrate, and their demonstrations have been very

meagre, therefore their useful medical knowledge is admitted to be very small. They are not willing to learn the part that does not permit itself to be accounted for through the action of visible particles of matter.

The dynamis and identity are unexplained, and yet we see them. Call them by what name you please, they are present. I am asked what I mean by the dynamis and identity. By a slight digression I will explain myself in a few words. The power, each identity possesses to produce its kind is unquestionably a most singular force and may be latent or active. The power to grow from and out of the acorn the mighty oak, is no less a force in the dry acorn than when surrounded by congenial environments, heat and moisture or the earthy implantation. What this force is has not been revealed to man. It may be a vital force or a formative force. The acorn has never been known to grow a sycomore; nor has the button-ball ever grown an oak. What is this identity that is not transferable?

This dynamis is found again in animal life producing its kind. In crystalography this formative force is apparent. In symptomatology we again see it, each drug producing its own and no other identity or individuality. But it must be remembered that the peculiar environments must under each and every circumstance be suitable to the identity or the evolution will not occur. The vital energy may be a complex force composed of heat and electricity, but as such our subject is not endangered, and at present there is no clear demonstration. It has been stated that the vital dynamis cannot exist apart from electrical vibrations. Even this is hard to demonstrate in view of the fact that the vital spark in its latency exists in the acorn without electrical activities. From these it is clear that life is not motion, although motion is one of the evidences of life, as it is of heat, of electricity and of light. It was recently said in one of our public meetings that without motion there is no force. The statement needs no further refutation.

Again it has been stated that the amæboid vibrations are the only evidences of life in protoplasmic cells, but the analogy will readily lead one to conclude that the motion is not *the* dynamis. The vibratory activities in protoplasm increase with types up to the highest cell life, but the vital dynamis, or formative energy becomes no more typical or perfect than in the lowest order of such activity. Then to develop the activities of each and every sickmaking substance is the aim of the Homœopathist. He must study the most favorable relations for the evolution of the manifestations of each identity, or he has not performed his whole duty as a physician. Hahnemann was acquainted with these necessities and potentized, or attenuated medicinal substances to place them in a favorable relation to sickmaking causes to conform to the law of similars. They who are willing to learn of the master himself find the law universal in its application to the demands in the sickroom, because they do not attempt to limit the environments of a drug in its curative evolutions. They are willing to use a drug from the lowest to the highest attenuation, only to find the most suitable relation to sickmaking cause and alteration of health as expressed in symptoms. As to myself I have no longer a doubt, in fact I am more than convinced that I could not universally apply the law curatively with the exclusive use of lower potencies.

Then it should be expected that the law would fail in the hands of men who do not admit the essentials to its universal application. Crude drugs cure disease promptly under certain conditions, and the lower potencies when carefully selected are generally potent enough to cure most diseases, but shall we permit prejudice to deprive the world of increased usefulness. The dynamis and its identity are unexplained, yet they are facts. No method of reasoning can forecast such things and no method of reasoning can do away with these facts. Can it be said that the law has failed when, in a given case, the dose administered is yet

too large to cure? The failure of the law to help us out comes at all times from its non use. We think we are the law, we try to use the law, but we don't use the law. Homœopathy is an applied science, and is no part of man's imagination or belief. It cures disease when the law is applied, and not when misapplied. When man fails it is man's failure, and the law stands unimpeached.

Again the law seems to fail where the selection has been perfect, and the potency suitable by meddling with action of remedy. This fault is a common one and depends upon ignorance of the philosophy of Homœopathy. I have many times heard the law condemned for not curing an incurable sickness. The physician who expects to cure the sick must know of disease what is curable, and he must know how to observe and how to interpret what he sees. I remember a chronic rheumatism of all the joints in the body to have so changed in six months that the ankles and toes only were painful. The general state had greatly improved, and the patient was nearly well, but she said, "I cannot walk and I must be cured;" so she went to a neighbor who bathed and rubbed vigorously, and the ankles and toes became better immediately, but the whole trouble came back, and I was never again able to relieve her. There are many things that a physician must know to prescribe homœopathically outside of what drugs may do. He may know the appropriate remedy and then not know how to use it. The patient may say he is better, or he is worse, and the statement is of little value. If it relates to his general state he is competent, but if in the direction of his symptoms he is incompetent. Pain going from place to place must be observed for a purpose. A deep seated trouble changing under the action of a remedy, coming to the surface, though the suffering be increased ten fold the remedy must not be disturbed or the cure may never be realized. Though the patient say "I am so much worse, just see how I suffer" he must have Sac. lac. The physician who does not know these things

can never follow the law closely enough to make it universally successful.

The treatment of chronic complaints demands an investigation entirely different from self-limited diseases. A man may disorder his stomach by gluttony and establish morbid phenomena, which may continue as long as the cause is continuous, but will cease when the cause is removed. Should such diseases be called chronic? I think not. These are an intermediate class that need for remedial measures instruction for the patient and very little medication. These diseases tend to recovery, which is unlike the disease properly called chronic. Any disease having no tendency to recovery may properly be called chronic. This must not be interpreted to mean a symptom. A symptom may have a tendency to disappear, and soon be followed by another equally as dangerous. The ulcer may close and a diarrhœa appear as intractable as the ulcer. This shows that the proper disease has no tendency to recovery.

The question will then arise, as to what is understood by chronic disease and how is it defined. It must be understood first of all that all diseases when leaving the body—when cured or self cured do so under unvarying rules or laws. The vital manœuvres are not one way to-day and another way next week. Nature operates under fixed principles. Now it must be known first of all that diseases recover *from above downward* from *within out* and in the *reverse order* of *their coming*. When the phenomena of disease do not follow this circumscribed limit of directions the disease is growing worse or at least progressing. When any given disease has existed a considerable time and its changes present phases in the reverse of the above formula though the supposed causes have been removed, it is of necessity a chronic disease, and will only change or reverse its order of direction by suitable homœopathic agencies. A knowledge of these principles *only* inform the physician *when*, and *when not*, to interfere in the treatment of disease.

It is so common for a patient to return after a correct prescription saying, "I am much worse to-day." The physician must now look into the case. If the new symptoms are such as were noticed in the early progress of the disease the cure is certain if properly conducted. If the new manifestation is felt on deep organs that have not heretofore been touched or given rise to symptoms, the disease may be known to be deep seated and most likely incurable. Sharp aggravation after a prescription the direction being from within out is a sign of speedy recovery. Following a prescription for chronic rheumatism, if heart symptoms intervene the patient never will recover. If the acute symptoms following a careful prescription are prolonged, the recovery will be slow.

The vital reaction to the remedy may be estimated by the intensity of the aggravation that follows the remedy. In acquired diseases, such as are the result of indiscretion in diet and debauch, are seldom followed by any reaction as they do not belong to any specific chronic miasm of a progressive character.

I have hinted at a few things that a physician should know, and there are thousands of the kind. But it must be known by this time that the *law* will fail to be of service to him who knows not how to apply it. It helps him in proportion as he becomes acquainted with it.

Some days ago a physician who had graduated a few years ago and settled in a malarial district remarked that he could not cure the chills without quinine in large doses. I began to pump him, to see if there was a good reason for the statement. He never had listened to a lecture on medical philosophy, and seemed to have no conception of its meaning. He was well educated in everything but Homœopathy. He had a fair knowledge of the Materia Medica but he knew nothing of how to apply the *law* of cure. I am perfectly willing to say what I know to be the truth; that the professed Homœopathists of this or any day

claiming to need large doses of drugs to cure the sick are like this young man, ignorant of the philosophy of Homœopathy and remain so during life. The colleges have neglected this philosphy, hence the *law* fails to help the physician who should have the most confidence in it. Confidence comes from acquaintance that is ample and of long standing.

Another doctor says, "I must do the best I can," when the law fails. "I must break that chill or he will go to some one else, and he would then get quinine; I might as well give it to him as for some one else to." You have then concluded to do your patient harm, because if you do not somebody else will. If I see a pocket-book on the street, I can as well say that I may as well steal that, if I do not somebody else will. The patient may have a skin disease and want to recover. You know that it can be made to disappear by outward applications. Now will you consent to do that man harm because if you do not you will lose a fee, or he will go to the next doctor? Will you not warn him of the danger? Is he not better with that disease on the outside than within the body? But you say I have tried homœopathic medicines and the *law* has failed. Then because of your ignorance of the law, you propose to be hired to drive that skin eruption back into the body. You might as well be hired to give the patient a dose of poison. "Then what shall I do?" When you do not know what to do, why do you do anything? The great mistake rests in the ambition to do something. No man should consent to do a wrong as a substitute for an unknown right way. These things are hard to see. I have many times convinced myself of my own ignorance after a long and hard struggle, but had I been called ignorant of these self-same things, I am satisfied I could have argued the point satisfactorily to myself. This is man's stumbling block, and is in the way of progress.

Many of our best followers of the law are not so well

acquainted with remedies as they would like to be, but they cure their cases, and the redeeming feature with them is that they know how to *avoid doing wrong.* "Be sure that you are right, then go ahead" will do in this place.

To avoid frequent failure under the law it is necessary to know something not taught in allopathic colleges.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it, becomes a crime." [Hahnemann.]

THE MEDICAL COLLEGES, AND HOMŒOPATHY.

C. PEARSON, M. D., Washington, D. C.

My friend Dr. P. P. Wells, in a number of excellent articles recently published in the *Homœopathic Physician*, accounts for the wide-spread eclecticism, and miserable abortions amongst self-styled homœopathic prescribers, from the fact that the Materia Medica has been, and still is, so loosely taught in the medical colleges; and while there doubtless is much truth in this, it is far from being the only cause. Young physicians are so anxious to get into practice, make money, and *get rich*, that they go to work with little or no clinical experience, their heads are full of theory, but finding their patients do not recover as they would like, they become timid, and call for counsel. This consulting physician nine times out of ten, so far as homœopathic prescribing is concerned, is a successful *failure.* He tells the young prescriber to give a dose of morphine, or quinine, as the case may be, or he advises a potency so nearly the crude drug that he gets the primary or toxical effect of it all the same, and this to his inexperienced mind appears to be so prompt, not seeming to know that sooner or later a reaction must come, and being indifferent as to results if it does, thinking only of "breaking chills," or quieting the outcry of the patient, and being willing as

they say to do anything to relieve, they resort to everything except the one thing that would cure. In this way the young prescriber is led into a routine rut, from which little short of a miracle will ever extricate him. In fact I have sometimes thought that the more thoroughly homœopathic the instruction has been, the more crude the prescriber becomes when he received clinical instruction from one of these crude and careless prescribers.

I have in my mind three physicians whose early instruction was rigidly homœopathic, they all graduated at the Hahnemann Medical College at Philadelphia, when Guernsey, Hering, Lippe, and other true Homœopaths were striving to impart a knowledge of the true art of healing as taught in the *Organon;* but with all these advantages they had no clinical experience except what little they had witnessed at the college where they had no responsibility. They commenced practice alone, with no potencies in their offices below the 200, and many remedies much higher, but like most inexperienced practitioners they were timid and over anxious to cure their patients, who in many instances noticed their confusion, and desired counsel. This was called. In one case it was always allopathic, and in the other two little better. This state of affairs was kept up, and in less than two years all of these three physicians became the most crude prescribers I ever knew. One of the three has recently died, and the other two remain so to this day, and probably will so remain the balance of their lives. I greatly doubt if within the past fifteen years, they have ever made, or seen made, one single homœopathic cure. Suppressions and palliations, they doubtless have seen, for they depend upon the primary action of the drug for their results, they desire a prompt response, and have no patience to wait for seed to germinate. To this list I might add many others who have been led into the mire by the crude prescribers with whom they came in contact.

The remedy for this condition of things would be, for all

young graduates to practice two or three years under the instruction of some experienced student of our Materia Medica like Dr. Wells, where they could daily see the truths of the *Organon* demonstrated. Two or three years of such clinical instruction would be of more practical advantage than five courses of lectures in any medical college; but if they will not spend the time and money necessary to obtain this knowledge, the chances are that they will become contaminated by their crude surroundings.

My experience is that when a young physician commences practice with highly potentized drugs, and yields to the advice of those who have no confidence in such preparations, he usually falls lower and lower in the scale, until he reaches a point where he influences his patients by the antipathic action of his drugs. On the contrary many who commence practice with crude drugs, or low potencies, and who see as they certainly will, less improvement from them than is desirable, and who in despair, as a last resort select the highly potentized drug, and apply it according to the Art of Hahnemann, become astonished at the result; and like honest men and thorough students, pursue this line of investigation will be very likely to ascend the ladder to the top, and look down on the mire from which they have emerged. As examples of this kind we might mention Drs. Kent, Skinner and many others. No fear of such men retrograding; they have been there once and can give a reason for the faith that is within them. Within the past year a circumstance has come under my observation that well illustrates the idea I wish to convey. I was sent for to go some thirty miles, to see a young man who was thought by his friends to be dangerously sick. They told me the physician in attendance was a young graduate of an allopathic college, who had practiced according to the rules of that school—which consists in little else than the judgment of the prescriber—for four or five years; that for two years he had been turning his attention to Homœopathy, and prac-

ticing it as well as he knew how, but that he had been prescribing for the case for four or five days without relief, and was as anxious as any one to see me. I saw the case about 6 o'clock P. M., and owing to the irregularity of the trains, was obliged to stay till morning. The doctor met me at the door, and appeared to be in much trouble, he told me the patient had pleura-pneumonia, and at one time he feared the heart and pericardium might be much involved, that he had given all the medicines he thought would be likely to relieve, and had repeated them in low potencies night and day, at intervals of from thirty minutes to one hour, but without any improvement. I was completely disgusted with such treatment and felt disposed to scold; but when I saw the doctor's distress, and remembered that when I was his age I had done just as foolish things myself, I softened down and told him if it were all the same to him I would take charge of the case, and when it recovered I would take pleasure if he desired it, in giving him a history of the treatment. At this, instead of becoming angry as I feared he might, he seemed much pleased, said he would go home and have a good sleep as he had slept very little for three or four nights. The patient was a stout young fellow about 18 years of age, with jet black hair. I diagnosed congestion of the liver with its attendant gastric derangements. His appearance and symptoms indicated Nux. vom., and as I supposed he had for three or four days been pretty thoroughly drugged, I gave him a powder of the M. M. potency at 7 o'clock, and another at 9, with Sac. lac. every two hours if awake. After giving some directions about the bed, ventilation, nourishment, etc., I retired, to find him in the morning bright and lively, saying he had had the only good night's sleep for a week. I left Sac. lac. in solution with directions to report to me the next day, which they did stating that he was still better and able to sit up. In two days from the time of taking the Nux. vom. he had as remaining symptoms, feeling of tenderness and

fullness over the right-hypochondriac region, dark and scanty urine, full, slow pulse (48 in a minute), dullness about the head, yellowness of the conjunctiva, slight nausea after eating, and constipation. For this state of affairs I sent one powder of Belladonna c. m., to be prepared in a half tumbler of water, and a spoonfull given every three hours during the day. This was all the medicine given, and four days the entire duration of the treatment.

Now to the point. What impression did this make on the doctor? Just what I hoped it might, and what it should on every young prescriber who desires to improve. He had watched the case attentively, and in less than ten days he came all the way to see me saying he had never witnessed such results from treatment before. I told him just what I had done, and wherein I thought he had failed. He was an honest, conscientious fellow, and after listening attentively, he said, "I see I blundered all the way along; blundered in regard to the diagnosis, in reference to the medicine, its potency, and repetition. I am ready now to give the *millionth* potency, and will go home and throw all my medicine away." And I feel quite certain he has done so, as I have since sent him a lot of potencies as high as the C. M.

Now who can say that this lesson was not of more practical value to the doctor, than twenty lectures on Materia Medica. And yet it is greatly owing to the disposition of the student; some young graduates think they know about all there is to find out, and want no advice from any one that does not correspond with their own ideas. Shortly before the occurrence just related, two gentlemen called at my office requesting me to see a young man who had been sick four or five days. The old gentleman stated that the patient was his son, that the other gentleman was a homœopathic physician who had been treating him. They wished me to call in consultation. I found the doctor to be a young prescriber, and told them I preferred when I prescribed to

have the entire control of the patient. I was willing to meet the doctor, and tell just what I should do if he wished to know, that I would be glad to have him watch the progress of the disease, and would give him all the information I could in regard to it. To this they seemed to assent. I found the patient suffering from colic, that he was better from lying on the affected side, and had many other symptoms of Bryonia. When I told the doctor what I had given, he said rather sarcastically, that he had given that two or three days before, and it did no good whatever. I told him I did not think he had the same preparation in his office. Oh! said he, you mean the potency, I suppose. That said I, is the point I wish to make. I gave the C. M. This dose was too much for the doctor. I saw at once its pathogenic effect—"irritable mood," "obstinate and passionate," "inclined to fight."

I saw him some six months afterwards and noticed the effect had not still gone off. The patient, however, in a few days was all right, and called to pay his bill. Now here was an instance where clinical instruction was of no avail, because the doctor did not wish to avail himself of it; and on such minds, the best lectures on Materia Medica ever delivered would have little effect. Dr. Wells may thunder the truths through the medical journals, and I hope he may continue to do so for a hundred years. Case after case may be reported by others from which the young, or even the old practitioner might receive great benefit; but the wilful, lazy, obstinate physician will plod on in his routine way, his prescriptions being made according to his own prejudices, and afford him much more relief mentally, than they do his patients physically. The more I see of this matter, the more convinced I become, that the great cause of deterioration amongst so-called homœopathic physicians of the present day is, the want of proper clinical instruction; and there is no way so effective to study the Materia Medica, as to do so in connection with its applica-

tion at the bed-side of the sick. Such lessons are indelible, time will not efface them, and while the sneers, and slurs of the eclectic may be too powerful for a mere theory, or belief, they can make but little impression on knowledge. A man must be firmly set and well grounded in his knowledge of the truth, that cannot be spoiled or contaminated by consultations and associations with crude and careless prescribers, by whatever name they may be called.

AMERICAN INSTITUTE.

THE PRESIDENT'S RECOMMENDATIONS.

GEO. B. PECK, M D., P ovidence, R. I.

The second day of June, 1885, will long be remembered by those occupying the ordinary parlor of the Lindell Hotel, St. Louis, that forenoon. The thoughts aroused by the presidential address delivered by one whose single work for Homœopathy exceeds in value that of any other American, unless it be that of Hering, and who has received the crowning honor of American scholarship, long, long deserved, were probably as numerous and as diverse as the ears of the auditors. For myself I can say that had the building reeled beneath my feet I should not have been more surprised, nor more disturbed had I been struck by a rifle-ball than I was to hear certain utterances from one whom I had promoted to the leadership and seership of my heart and brain in scientific medicine, vacated by the death of him, who alone is entitled to the endearing epithet of Father of American Homœopathy. Recalling his speech at Deer Park but a single year before, a speech made at a time when everything might be lost by a single word, and all things gained by simple silence, a speech that elicited from Dr. Dowling, that highest of compliments "He had rather be right than be President," I could scarcely believe

I was listening to the same person. For an instant I felt as though the foundations of truth were crumbling beneath my feet—I scarcely knew what or whom to trust. Accordingly after the lapse of sufficient time for the President of the American Institute to complete an extended tour to the Rockies, and beyond, and to recover from the fatigue thereby engendered I addressed him a note expressive of my surprise and grief at the position (*supposed to be*) assumed by him, though conceding his *right* and his *duty* to follow the dictates of his own conscience. Promptly I received the following reply concerning, which I will remark, however, *first*; that it well illustrates how very easy it is to misinterpret a man when one has but a half dozen sentences from which to determine his thoughts and his principles and, *second*; that his integrity as a scientific man required him to make known his failure to obtain effects from the thirtieth potency upon healthy individuals, the time and place of the confession being a matter for himself alone to determine.

If a person fully equipped with every convenience, whether as regards men or materials, and thoroughly qualified by intellectual training and special culture in symptomatology has failed for a space of twenty years to obtain a proving of the thirtieth potency sufficiently marked to enable anyone at all familiar with the Materia Medica at once to identify the remedy, it is of the utmost importance that the fact should be known and the cause ascertained. His experience with so-called infinitesimals, however, has been different from mine. When a student, with my associates, under our preceptor's directions, provings were made with Fincke's potencies ranging from the 20^{m} to the 30^{m}, and the remedies were identified by the produced symptoms, we being entirely ignorant of the drug and its attenuation, but completely filled (until driven out by bitter experience) with a profound contempt for *all such stuff*. Comparing these two statements the former of which none will dispute

while the latter can be substantiated by the sworn testimony of competent witnesses it is evident either that Prof. Allen is incompetent to carry on the investigation, which no one will for a moment admit, or that the thirtieth potency is not sufficiently dynamized to manifest the power displayed by preparations with fancy exponents, or that the specimens tested were of inferior quality, which is improbable, or that Fincke's 20^{m} to 30^{m} potencies are much less attenuated than the thirtieth Hahnemannian, which I have long mistrusted. (Too many years have passed since last I trod the intricate path of the Calculus to incline me overmuch to desire to determine the value of our ætherial preparations for myself.) It is obvious therefore that a great work is to be done, either by adducing testimony concerning effects that have been produced upon the healthy by the thirtieth potency, each instance of which shall be supported by the evidence of at least two competent witnesses (under oath if desired) or in the event of these not forthcoming by a suitable series of tests upon medical students or other qualified persons under proper supervision. Had the statement come from some unknown or inconsequential practitioner it might quietly have been ignored or the author sat down upon severely for his incompetency and ignorance, but neither course will accomplish aught in the present instance. The cause of Prof. Allen's failure must be ascertained be that cause what it may.

From the opinions expressed in the first or "experimental" part of the letter, and the special remarks on the employment of CCs, and thirds and sixths I must differ, though acknowledging his greater experience and broader culture. When I go above the sixth which would be oftener were I better versed in Materia Medica, I prescribe the CC almost invariably; Dunham's, Bœricke and Tafel's, Jenichen's or Otis Clapp's, as it may chance, for my collection includes vials from each of these sources. But they are mere matters of opinion concerning, which the most per-

fect liberty must be allowed. The principles of the clinical portion of the letter are such as should be approved by every true Hahnemannian (for many things are said in the prophets name which he never taught.) Prof. Allen's explanation of his position then must be regarded as satisfactory. If we take exception to any part let us see that we exemplify in our acts and words that motto so often flaunted upon our publication, but more frequently honored in the breach than in the observance "in certis unitas; in dubiis libertas; in omnibus charitas."

Fraternally yours,

GEO. B. PECK.

MY DEAR DR. PECK:

As for your criticism of my course, I see that neither you nor many others clearly understand my position. Let me define it:

It seems to me that Homœopathy has been steadily losing its hold upon the scientists of to-day as an accurate scientific method, largely from the fact that Hahnemann's theories of dynamization and the action of infinitesimals have not been clearly demonstrated, and that no amount of clinical evidence will ever be able to demonstrate these propositions as truths of nature. Their demonstration is an absolute necessity, not primarily to clinical medicine but to the purity and reliability of our Materia Medica. The statement of some that the success of the homœopathic school has demonstrated the truth of these proposition, seems to me utterly puerile. My own attempts to prove the power of the thirtieth potency to affect healthy individuals entirely failed, and the time to announce such a failure seemed to be the time when such an announcement could not be misconstrued, when I have no favors to ask or expect. Under these circumstance to appeal to the profession generally to assist in this work seemed to me the proper thing to do, and indeed I am myself still working earnestly in this field. The foregoing is the purely

experimental and, as one may say, the scientific side of the question.

Now, *first:* Homœopathy has, clinically speaking, shown itself immensely superior to the old system of medicine.

Second: Small doses, and I believe the administration of infinitesimals, have been much more successful than the ordinary dosing of even the majority of so-called Homœopathists.

The small margin of difference of results between the purely expectant treatment with absolutely no medicine whatever, and the result obtained by the administration of occasional small doses is to be the battle-ground of the future, and in order to sweep that field I propose to help clear away some rubbish, and to prepare for tne battle.

If the efficacy of infinitesimals can be demonstrated on the healthy and the provings therefrom utilized, then they will be, I believe, the best implements to use; for the less medicine prescribed to patients, the better the results. For nearly twenty years I prescribed almost exclusively the two-hundredth potencies, but for the last few years I have been prescribing mainly the third and sixth attenuation, and have about come to the conclusion that my results, in most cases, are more prompt and far-reaching than formerly with the two hundredth's I have always found that fewer doses of these lower attenuations can be prescribed, that where as formerly I could repeat the two-hundredth in water with impunity every hour or two, now I get my best results from single doses much better indeed than formerly from single doses of the high potency.

My present status is that of a pure Hahnemannian, giving as a rule infrequent doses of the moderate attenuation, waging an unsparing warfare upon allopathic expedients of all sorts. Those who know me well will bear we out in saying that no one more faithfully studies the Materia Medica, more carefully prescribes the indicated remedy, and in every respect is a more consistent Homœopathist

than I am to-day. I have no tolerance for those who alternate their medicines and overdose their patients. I cannot tolerate those who have departed from the master's rules and use mainly fluxion potencies, very frequently on empirical indications. My motto is, "Prove all things and hold fast that which is good."

I believe there has been no demonstration of dynamization and no proof of the power of infinitesimals, and I will not be an apostle of these dogmas until they have been proved to be God's truths. I have worked and fought for them and for the right of free speech in their favor and will still fight for it; but, since after years of honest work to prove their truth I have failed, I can do no less than boldly announce the fact and solicit the help of all who have the future of Homœopathy and of accurate therapeutics at heart. Yours very truly,

T. F. ALLEN.

A LECTURE ON THE NURSING OF INFANTS AND CHILDREN.

H. N. GUERNSEY, M. D., Philadelphia, Pa.

Nursing as an art applies equally well to the infant, the child and the adult, and it will be well to consider not only its true significance and meaning, but the "duties of the nurse." "It has been limited to signify little more than the administration of medicines and the application of

NOTE.—This is the last public lecture delivered by the late Professor Guernsey. Just before his fatal illness he asked us to publish a few extracts from it, as it was not written for publication. But we do not think we can confer a greater benefit on the younger members of the profession than by giving it in full, as it shows the great importance attached to minutiæ, the details, the little things, in the examination of a patient, by this masterly prescriber. He implicitly followed Hahnemann's directions, and was rewarded with Hahnemann's success.—ED.

poultices." In this enlightened age it signifies vastly more. First of all it embraces a knowledge of the laws of health. Secondly, the phenomena of disease. Thirdly, hygiene in its broadest acceptation, *i. e.*, the proper use of fresh air, light, warmth, cleanliness, quiet, sleep, and the proper selection and administration of diet—all at the least expense of vital power of the patient.

He will consider in the first place a knowledge of the phenomena of health. Why is this knowledge essential to a nurse? If the natural is not known how can the unnatural be known? If the health condition is unknown, how can the unhealthy be determined? Therefore it becomes self evident that a close scrutiny should be made of the phenomena of health. For instance, observe the healthy infant at the breast, how easy are all its motions, how free its respiration, how calm and quiet, with what freedom, how happy its face and how its eye twinkles. It seems to have a free, joyous life. Again observe its sleep, how easy it lies and in the most natural position. Observe the color, consistance, odor of the alvine evacuations and the manner in which they are discharged. The urine too, as it appears on the diapers is of great importance; the color of the skin, lips, ears, etc. These are called the phenomena of health, and not one should escape the notice of the nurse. The same principle is true and should be equally observed in all particulars in children. Having a good knowledge of health, we are prepared to study the phenomena of disease, the second division of our subject. These comprise every motion, every appearance, every condition of the patient differing in the least from the normal or healthy condition of children. It is quite difficult, often impossible for the physician to obtain all this knowledge without the help of an observing nurse. The nurse should watch attentively and patiently and if necessary, with pencil in hand note every unnatural circumstance or condition connected with the patient and report the same to the physician at every

opportunity. The physician will perceive much of which the nurse has no idea, yet his success in curing the sick is always largely dependant upon the observing and careful nurse, whose constant presence assures reports of great value. For instance there is often observed a peculiar movement of the head which a physician would not be likely to observe, being so short a time with his patient. The head will occasionally be lifted from the pillow for a moment and then drop back again. This will recur at short intervals day and night. Sometimes the patient will raise upon the elbow and stare vacantly and wildly about the room. Ask now what is wanted or why that movement and the reply will be, "nothing," or "I don't know." This condition is always suggestive of the curative remedy and has been the means of saving many lives. A student of mine, on one occasion, went to a distant state to visit a friend who was a homœopathic physician. One of his patients, a little boy, was very ill and was expected to die. The physician wished my student to visit the child and watch him an hour or two to see if he could find any indication for a remedy to cure. He did so and observed this peculiar movement of the head. He knew what it meant and immediately reported the indication to the doctor, and told him what would cure the case. The remedy was at once administered and the little boy was speedily restored to health. (Stramonium, was the remedy, ED.) I merely mention this to show the importance of observing and reporting every phenomenon to the physician which he fails to notice. These phenomena are so numerous and so varied that it would be almost impossible to enumerate them. Suffice to say, observe and report as precisely as possible, all phenomena not in consonance with health. Every peculiar motion of the body that is persistently the same, or any part thereof should be specially reported. The position of the body in sleep; the peculiar position of any part or parts thereof; whether one persists in lying on the painful side or the

opposite. Here it is important to remark that every patient should be allowed to choose their own posture, for the reason that every disease has its own peculiar influence, to cause the patient to lie constantly in some one position, or to change frequently, sometimes very frequently, and it is of great importance to the physician to know this. The times of day too, forenoon or afternoon; before 12 at night or after 12, or the exact hour in the day when better or worse. Then all the excretions of the body are to be noted and the peculiar manner in which they occur. The perspiration, whether cold, warm or hot; its color, odor, whether constant or in alteration with a dry skin; the time of day or night of its occurrence; whether the patient wishes to be covered or not during the perspiration; whether better or worse in cool or warm rooms. So the feces, color, odor, consistence and manner of its evacuation if in any peculiar manner, as in a sudden spasmodic gush, with a single spurt or how, whether there be pains preceding or following and what kind of pain. So with the urine, its color, odor, peculiar stain upon the diaper if any; whether it be sandy or otherwise and the manner of the flow; whether in drops, dribling with an interrupted stream or otherwise; whether there be apparent pain before, during or after the passage. The character of respiration also, whether quick, slow, wheezing, sighing, uniform or unequal; its manner should be particularly noted and reported. The mental states too should be carefully noted during the suffering periods, whether calm, tearful, in great distress or in a rage of fault finding, scolding, boisterous or otherwise. Whether the patient desires company, light or darkness; whether he is better or worse under either of these circumstances. Also whether the patient feels better or worse after taking nourishment, or whether any particular nourishment is followed by any particular effect. Whether the patient is better or worse, during and after sleeping, and if the patient has any peculiar manner of awakening. Observe closely all the

mental states of the sick, for they are of immense value to the skilful physician and they should be carefully noted and reported.

Note too the effect of changes in the weather, as very windy, rainy, snowy, before or during thunder storms, or in bright, clear, dry weather; every one is not better as a matter of course in clear, dry weather, some are worse then. Always take particular note of everything or anything that seems to make a patient feel better or worse. Positions of the body, whether sitting up or lying down; whether at perfect rest or in motion; with the windows open or the fresh air excluded; whether relief be afforded to some parts of the body if they are kept wet or dry; whether better or worse during perspiration, or after perspiration; whether better from being rubbed, better or worse from vomiting. Observe the effect of noises upon the patient and of particular noises. General or peculiar appearance of the face at different times of the day. In fine, observe closely and be prepared to report accurately every circumstance or condition however trivial, that pertains to the patient. We come now to hygiene and must premise this part of our subject with the remark that the life of an individual is in the blood, and as is the blood, such will be the individual; *good blood, good health.* The proper use of fresh air or good ventilation is a matter fearfully underated by most persons. Pure fresh air is "aerial food," just as important for the lungs as "terrestrial food prepared out of every kind of edible substance" is for the stomach. Food for the stomach is but a gross method of supplying material for the support of the blood. Pure fresh air or aerial food is a highly refined method of supplying material for the support of the blood. We are surrounded by an ocean of insensible exhalations from every substance in nature as well as from the sun itself, and proof is at hand to show "that there is a larger store of alimentary substances which are imperceptible to the senses,

than of those which are perceptible." The entire surface of the body, or the outer skin imbibes through its insensable pores, from this ocean, numerous substances for the purpose of purifying and renewing the blood, as well as the lungs, only in less quantities. How important then that we make proper use of fresh air or good ventilation in every way possible. Never allow a soiled pocket-handkerchief, a spit rag, a spittoon, a soiled diaper, a soiled chamber utensil, or soiled clothing of any sort to remain in a room with the sick, or well even, one moment. Ones wearing apparel should be frequently changed so that the skin shall not re-imbibe what has been thrown off by insensible perspiration and intended for the laundry. All odors from the above mentioned substances are highly prejudicial to health, as much so as decayed and unsound food for the stomach; and to wear soiled clothing serves to surround the body with an impure atmosphere which utterly precludes fresh air for the skin to inhale, when it is compelled to imbibe impurities above alluded to. The skin must breath as well as the lungs. What shall we think then of those nurses who allow an infant to lie in its soiled diaper all night. Never sleep in the same clothes worn through the day. It has its inhalations as well as its exhalations. For further particulars in regard to the proper use of fresh air I will most earnestly recommend you to "Notes on Nursing," by Florence Nightingale.

Next to fresh air in importance to health, is light. Darkness is death, light is life. Where does light come from? Surely from the sun, and as it comes to us in radiations from that great fountain of light and heat it brings an immense quantity of alimentation or aerial food, without which no life either animal or vegetable, could exist. As we close the blinds or shutters and darken the rooms of our houses, we deprive the inmates of the most essential elements of strength and health. No amount or quantity of terrestrial food can possibly compensate for the absence

of aerial food that comes to us in the direct light from the sun.

Cleanliness comes next. I have already hinted at this theme whilst speaking of fresh air. Do not forget that the skin inhales as well as the lungs. This is the strongest argument in the world for cleanliness. For further information see Florence Nightingale on cleanliness of rooms and walls as well as personal cleanliness. I have no doubt many a case of typhoid fever is produced by the lungs or the skin inhaling poisonous effluvia. Quiet. Florence Nightingale treats of quiet and sleep under the head of noise. I will simply say here, convalescing patients should be able to sleep well before they take so very much nourishment. It is first quiet, then sleep, natural refreshing sleep, then plenty of food and all will go well.

SECALE CORNUTUM.

AN INVOLUNTARY PROVING.

WILLIAM OWENS M. D., Cincinnati, O.

M. M.,—aged 39. Temperament, mental-motive, vital forces normal; in January last consulted me for fibroid enlargement of the uterus with the following symptoms: Increased flow of blood at menstrual nisus; digging pains in right ovarian region; difficulty in voiding feces; cutting pains on urinating; great heat, soreness, and distension of the abdomen; great and uncontrollable nausea which was often relieved by Bryonia alba; chill and fever alternating.

In November commenced having chill every day after 6 P. M., followed by burning heat; temperature 104°, pulse 120, and ending in profuse, general sweat.

Calcarea iodatum 3x trituration, *ter in die*. Hypodermic injection of Ergot—20 m. of Squib's Fluid extract—with

no perceptible change in symptoms. Chill and soreness still continuing.

In two weeks, Parke, Davis & Co's. normal liquid one-half strength, Ergot, 30 m., was injected into the abdominal walls with the following pathogenetic symptoms:

Mind and Sensorium.—Great anxiety; excitement; anger; my friends said that I was "cranky" which is not at all in accord with my disposition.

Face.—Pale and anxious, often dark colored.

Lips.—Blue, livid, "dark" my friends said.

Eyes.—Wild and staring for a long time.

Dimness of vision marked during first twelve hours after injection; pupils diliated, was obliged to lay aside books; blue circles under eyes.

Ears.—Roaring; hearing confused.

Digestive System.—Four hours after taking injection: Nausea, heat and dryness of the throat. with sensation of constriction; dryness seemed to extend into larynx and œsophagus, and all through alimentary canal and continued until about 3 A. M., when the throat and mouth began to give off a thick, viscid saliva, which in the course of an hour or so became thin and watery; a painless, slimy, gushing diarrhœa set in, which subsided after one or two copious stools. Anorexia complete, and remained so for about three weeks; sensation of œsophageal constriction in swallowing food, and of a contraction of the stomach to turn it out as soon as swallowed; it was with difficulty that anything could be retained by the stomach, nearly all food being ejected in from one-half to one hour after swallowing, as sweet as when first eaten; milk, heated to about 170° or 200° being my main stay during this period.

Urinary System.—Desire to urinate with some burning in urethra—passed only a drop or two at a time; became disgusted with the desire and inability, and made no more attempts towards voiding urine until sure that symptoms of strangury had subsided—after having annoyed me for some two or three hours.

Circulatory System.—My attention was called to this by a feeling of suppressed palpitation about the heart, and, on taking the pulse (which in health is about 80), found it small, rapid, contracted, and intermittent.

Respiratory Organs.—Voice weak, unintelligible; breathing anxious; annoying, spasmodic cough which seemed to be caused by contraction of the trachea, just above its bifurcation. This cough continued for two or three weeks, was very annoying at night, and was constant, night and day, preceded by this sense of spasmodic contraction, sometimes as high up as the cricoid cartilage, sometimes lower down, often about cardiac orifice of stomach. I have often wondered what made me sigh so much.

Sleep and Dreams.—Inclined to sleep—to dream and to talk about what I dreamed of; dreams pleasant.

Skin.—Itching; pricking; sensation of crawling all over.

Trunk and Extremities.—Pain in left side, more in region of spleen and great soreness on coughing. Lassitude, heaviness, trembling; some cramps in calves of legs at night; sensation of sleep and formication on sitting still; some jerking of the limbs.

Nervous System.—Nervous erethism; debility; feared that at last I too was growing nervous, and had to confess that I did *feel* so.

SECONDARY SYMPTOMS.

Face.—Pale, anxious, sunken.

Lips.—Purple.

Eyes.—Wild, staring, vision dim, pupils dilated, dark circles beneath.

Ears.—Hearing so acute at times as to be absolutely painful.

Stomach.—Anxiety and oppression in *stomach*; sinking; sensitive to touch.

Abdomen.—Abdomen distended, tympanitic; colic at night, and after eating; these attacks continued about two weeks after constipation set in; hiccough; cold feeling of abdomen and back; no movements of bowels for a week;

then small stool of dark-colored, very offensive and dry feces. Constipation continued two weeks, including last week of small stools.

Urinary System.—Urine pale and watery, copious, frequent; had to rise three or four times at night, or suffer the consequences of incontinence.

Circulatory System.—Pulse continued intermittent; occasionally slow, suppressed, fluttering; beats not rhythmical, seemed feeble.

Respiratory Organs.—Voice still weak and indistinct; wanted all the fresh air that I could get, though very susceptible to the cold; cough still continued, causing loss of sleep; loose expectoration; same sense of constriction.

Skin.—Cold and dry in day time; bright red rash over the body, especially on thighs and legs; itching increased by warmth of bed.

Trunk and Extremities.—Disagreeable sensation and formication still continued. Pain in left side decreasing as cough improved.

Fever.—Never suffered so from cold, though warmly clad. Took no medicine for chills which passed off with "drug sickness,"

PRESENT CONDITION.

June 29, 1885. Uterus decreased in size nearly one-half. Menstrual trouble much relieved. Very little abdominal soreness. Nausea at menstrual period greatly decreased. Eyes not so good as they were before taking drug. Appetite good, bowels regular, strength returned. Very little nervousness, still not in my natural equipoise. Skin normal. In fact in nearly as good health as ever.

LEPROSY AND ERGOTISM: A COMPARISON.

CHARLES FRANCIS RING, M. D., Urbana, Ohio.

"The phenomena of ergotism have hitherto given rise to very few successful applications of the drug as a remedy." —*Hughes.*

Reading the interesting proving of Secale cornutum by Dr. H. C. Allen in the "Medical Advance," July 1885, we were led to further study the toxical effects of this drug, and would venture here to direct attention to the resemblance of many of its symptoms to those of leprosy, enough at least to encourage us to give it a trial in so formidable and fatal a disease.

The general resemblance between ergotism and leprosy may be shown in the following: First, a peculiar irritation of the cutaneous nerves; anæsthesia. Second, affinity for fingers and toes. Third, muscular contractions. Fourth, Exanthemata. Further as suggestive: Panagra—Lumbards—Venetian Leprosy—has been attributed by some to the use of maize as a common article of diet, and especially to unripened maize, which is often attacked by the sporiosorium maidis to which fungus a special influence has been ascribed. "Although we are led to assign a considerable share in the production of the series of symptoms, in ergotism to constriction of the arteries, it is impossible to exclude a direct influence of the poison upon the nervous system."—Von Boeck, Ziemssen Cyc., Vol. XVII, p. 910. To enter more into particulars we find:

LEPROSY.	ERGOTISM.
Gastric disturbances. Great fatigue. Intense vertigo. Frequently violent epistaxis. Somlence. (Ziemssen, Skin Diseases. p. 306.)	Gastric disturbance. Vertigo. Sopor. Exceedingly feeble. Epistaxis. (Hempel, Vol. II, p 350.)
First symptom experienced by a patient: (Fox, Skin Diseases, p. 11.) Sensation upon the forehead as though ants were crawling over the skin. Tawny color of the skin. Bullous eruptions. Their size range from that of a lentil to that of the palm of the hand. Appear frequently in the first stage of the disease. Pem-	A peculiar irritation of the cutaneous nerves, much like the sensation of an ant creeping over the skin; first symptoms. (Von Boeck, *Ibid.*) Skin of a yellowish-brown color, resembling that of a mulatto. Desquamation three times in a girl. Petechiæ. Large ecchymoses. Petechial exanthema. Furuncles. Num-

phigus Yellowish-brown spots. Branny desquamation.	erous boils with cutting pains, discharging a yellow matter. Rash. Small pustules were sensitive to touch.
Lips bloated and tumid. Alterations in mucous membranes of mouth, nose, and palate.	Palpebræ swollen, likewise lips Face puffy. Schneiderian membrane inflamed.
Ulceration of phalanges of hands and feet.	Loss of fingers and toes.
Uiceration of bowels.	Gastro-intestinal irritation.

The above comparison might be carried out at greater length and more minutely, but we have aimed only at being suggestive; experiment alone can decide if we have offered anything of value.

TRIFOLIUM PRATENSE, IN TREATMENT OF CANCER.

L. P, BUNCE, M. D., Minneapolis, Minn.

I believe with Farady, that: "The philosopher should be a man willing to listen to every suggestion, but determined to judge for himself. He should not be biased by appearances; have no favorite hypothesis; be of no school; and in doctrine have no master. He should not be a respector of persons but of things. Truth should be his primary object. If to these qualities be added industry, he may indeed hope to walk within the vail of the temple of nature."

In regard to the treatment and cure of cancer, I will not attempt to write an essay as it is uncalled for, but I will give the medical fraternity some valuable hints in regard to the treatment of cancer. However imperfect our knowledge may be of the etiology of cancer, we inevitably come to a conclusion as to the order of causation and the relations that are most on the surface. With these few and perhaps unnecessary remarks, I conclude by giving my successful treatment of cancer in the first or second stage of the tumor.

I first commence with strict diet and clean habits. My patient must bathe at least three times a week, and dry by good rubbing with course towel.

Second; take moderate exercise every day. Must not use tobacco or stimulants: drink no tea or coffee. Eat no salt meats. Avoid the hog product altogether; must not eat pork in any form. Must not eat anything with lard in it. Must not eat fish in any form, shell fish, lobsters, or crabs. Can eat fresh beef, mutton, or wild game, and use salt and pepper very sparingly. Eat coarse bread, and a moderate allowance of vegetables, avoiding tomatoes in every form.

The physician must look after digestion, and use his own judgment in regard to constitutional difficulties complicated with the patient, and select his therapeutics as called for. I do not believe in giving much medicine; if the right remedy is selected a little does the work. For a tonic, and to effect a radical change of the blood, there is nothing equal to the *Trifolium pratense.* Use an extract of the blossoms of the *first crop* of red clover.

I sent this to Gen. U. S. Grant and family about the twelfth of April, when they thought he would not live from twelve to twenty-four hours. The physicians used it for a week or ten days, after which Mrs. Grant and family continued its use, and attributed his recovery afterwards to the use of the *Trifolium.* It was undoubtedly the agent that rallied him, and kept him up while he lived; and if he had used this remedy in the first stage of the disease he would have fully recovered.

To reduce the size of the tumor, I use electricity and a compress of *Trifolium.* I believe the use of the knife is inhuman and entirely inefficient. In using electricity I would prefer the galvano-electrolytic battery. The current shot into the heart of the cancer, penetrates to every root and fiber connected with it. By this method all cancerous matter is utterly destroyed, forced out in the form of gasses,

leaving only a shrivled pulp. This upon being removed, discloses a healthy wound, which heals rapidly.

Please do not use the knife. Do as I recommend and cure your patients. Try it and report.

CLINICAL VERIFICATIONS.

CINA—LILIUM TIG—LAC CANINUM.

G W. SHERBINO, M. D., Abilene, Texas.

CASE I.—*Cina.* Child has high fever with throbbing of carotid arteries; fever worse at night, with frequent drinking. Has sick spells; gets white around the mouth. At night, impossible to keep the child covered; kicks his feet out. Has had frequent attacks of tonsilitis which Belladonna [200] hitherto cured promptly, but this time was ineffectual. As I was leaving the house the mother asked me to come back to the room and see the patient. *He was on his hands and knees and would often assume that peculiar position during sleep.* Milky urine. This has always been with me a key-note symptom of Cina in the diseases of children, and I have cured several cases when it was the only symptom present. Cina [30] cured promptly.

CASE II.—*Lilium tig.* Mr. —— wished me to see his wife; says she has gravel. I found symptoms of prolapsus uteri, but a careful digital examination revealed the organ in normal positive. There was a *sensation* of prolapsus, with frequent urging to urinate, passing small quantities of urine. The sensation was relieved by sitting down, holding up the abdomen, or pressure against the vulva; but the most complete relief of the constant bearing down was obtained by "squatting down," which relieved both the tenesmus and subjective prolapsus. Lilium tig [30] cured promptly and permanently. This makes four cases cured where the symptoms indicated this remedy, and the relief obtained by "squatting down."

CASE III.—*Ovaralgia.* Patient has constant burning pain in left ovarian region, extending down left leg even to the foot. At night lies with left leg flexed upon the thigh and the thigh upon the pelvis (Colocynth position). Very restless all night; feels worse after sleep. When the paroxysms of intense nervousness come on feels like tearing off her clothes; would take off her rings; could not bear anything to touch her, especially over left ovarian region from which she frequently lifts the bed clothes. Burning of the hands and feet at night. After Lachesis in various potencies failed, four doses Lac. Can. $^{m.m.}$ (Swan) cured.

CASE IV.—*Diphtheria.* Patient, a girl eight years of age. The membrane would leave the throat, and a severe interstitial hæmorrhage, bright red blood, would ensue. The hæmorrhage would slowly improve, and the membrane would again appear in the throat. In spite of Carbo veg., Nitric Acid, and Phytolacca, the membrane and hæmorrhage alternated for several days. Lac. Can. $^{m.m.}$ (Swan) every two hours until improvement began, then no more medicine. Cured.

STRAMONIUM.

D. B. MORROW, M. D., St. Louis, Mo.

Recently while scanning Hering's masterly study of Stramonium in his *Materia Medica*, Vol. I., several cases were recalled to mind in which I had verified or cured symptoms I had never before found in any study of Stramonium. This fact sustains a theory I have long entertained, viz: that where a remedy successfully cures a symptom or group of symptoms they may safely be added to the pathogenesy of the drug, though not previously observed by any prover.

CASE I.—M. E——, maid, æt. 35, has not enjoyed good health since a severe attack of yellow fever some years pre-

viously in Mississippi. Dr. H. C. Morrow was in charge of the case and at 1 A. M. I was called to assist. Could hear her screams a block away from the house. Family and neighbors assembled and alarmed. Patient was held on the bed in the arms of her brother and continually throwing her arms and body forward with a cry which seemed to accompany a violent spasmodic hiccough. Was subject to attacks of hiccough, but never of such violence. Pulse regular, no fever; neither hysterical nor excited. Menstruation regular and normal. Her mother had administered toddy, and Dr. Morrow had given several remedies without relief. On the theory that the toddy had made her drunk, Nux vom. was given, followed by Ignatia and Gelsemium. Rubbing or chafing limbs made her worse. Holding my hands along the spine and on the head for about an hour, the paroxysms subsided and she went to sleep. Next morning had hiccough, but not so violent and only for a few moments at a time. She said, "You all stand around and do not do anything." Symptoms still aggravated by touch or motion. A red rash appeared in various places and after a short time disappeared. For these symptoms Stramonium was given and the patient speedily convalesced. During convalescence and while under the influence of the remedy, patient had violent vertigo both in and out of bed, anomolous vision, and for a short time almost complete paralysis. For her constitutional weakness she received Calcarea followed by Sulphur, and now, three years after, she has not had an attack of hiccough and has better health than since the attack of yellow fever. The pathological seat of the difficulty was evidently in the anterior or motor spinal nerves, and not in the diaphragm as we first diagnosed. Patient was entirely free from pain throughout attack. (Hiccough, page 631. Verified Symptoms, 395, 1125, 1157.

CASE II.—Mrs. McG——, æt. 44, widow. Had been treated by regular (?) with both internal medicine and

local applications for ulcerated womb; said she was continually growing worse. Complained of bugs in her ears, crawling and buzzing all the time; a great deal of saliva in the mouth; was weak and low-spirited. Was probably suffering from climacteric troubles. Prescribed Sulphur followed by Calcarea and Hellebore, with some slight improvement. Soon after the bugs in her ears migrated, and she then felt them all over, in stomach, bowels, &c.; saw two objects where there was only one; for a week did not sleep more than an hour in twenty-four; talks all sorts of nonsense. Sat up in bed and turned round and round to the left; if sitting on chamber would keep turning round to the left; when sitting up to eat kept turning to the left, or said "something pulls me around." Appetite good, pulse regular, bowels variable. An occasional febrile excitement with flushed face, eyes brilliant in expression; said many silly things to the great amusement of the attendants. Three grains of Morphia only increased the insomnia. Coffee did not affect it; Mercurius palliated, but did not relieve. The loquacity and merry delirium indicated Stramonium which was exhibited in the third potency in water. Improvement was marked; slept two or three hours next night. I then alternated the 3x and 200 every two hours, when patient speedily became quiet, slept soundly all night, and gradually recovered reason. During the period of delirium patient had dropsical condition of both upper and lower extremities, for which Apis, Arsenic, and Hellebore were given with only temporary relief. After Stramonium it permanently disappeared. Verified symptoms 1820-1765.

CASE III.—Patient had chill on forehead and back of neck, rest of body warm; palms hot and burning; mind confused, sleepy; succeeded by great lassitude. During chill and fever, uneasy feeling in stomach, followed by loud and copious eructations. Rheumatic pains in back of neck and at attachment of glutei maxima on both sides; spinal

column sore, with drawing pains from hip joints to bottom of feet. A sudden jar in walking or an accidental blow on the head would cause aching pain from head to feet. In addition the patient suffered from chronic catarrh of left nares, causing at times aching in whole left side of head and face.

The coldness of forehead and back is found under Quinine and Phosphoric Acid, and the cold forehead with confusion under Bryonia and Veratum alb., but none of them except Quinine have the spinal hyperæsthesia. All of them in this case palliated, but none of them cured. Stramonium [3] was now exhibited. It promptly relieved the chills and produced marked amelioration of all the other symptoms, but not without an aggravation in the form of a severe headache, with somnolence. With the disappearance of the headache, the coldness, confusion and vertigo also passed away, and a few doses of Stramonium [1000] completed the cure. I regard it as one of the best spinal remedies, affecting either the motory or sensory column of the cord. In Case I. there was an entire absence of pain, while in the present case pain was a prominent symptom, and each was promptly and permanently relieved.

Case IV. —After removing impacted cerumen from the ear, the patient ducked the head under water in a bath tub. Next day complained of a steady ache in ear, mastoid process and extending into teeth of same side. From intense and persistent pain, thought a boil was forming in meatus. Belladonna and Pulsatilla failed to relieve. Stramonium [6] aggravated. Stramonium [1000], a few pellets dry on the tongue, relieved the pain immediately and it did not return.

Case V.—Miss L. D——, housemaid, æt. 40, a long time sufferer. Has asthma during delaying menses; palliated by whisky and opium. Under the advice of her former medical attendant, she had grown fond of them. Her mind became affected; thought a former boarder had put "a spell" upon her; could hear voices in the air talking to

her, advising, threatening, &c.; imagined live animals in her stomach. First consulted me for the relief of the "spells" by magnetism or spiritualism; such crude notions do ignorant and learned people alike entertain of phenomena of the highest scientific interest. I assured her that the case was *not* one of obsession, but of disease, and that I could cure her. At times she became violent and would indiscriminately destroy everything about the house; and at other times use the most obscene and vulgar language; imagined her friends plotted with witches for her destruction; refused to take any remedies except brandy and opium, hence had to administer clandestinely. Her friends advised placing her in an asylum, which I discouraged, thinking her case would not be understood and she would become a confirmed maniac. At this time her father was attacked with intermittent fever and treated himself with Smith's tonic. To this his daughter added Arsenic, and I was called upon to treat a case of Arsenical poisoning—a fine proving of Arsenic. I was deterred from prescribing Stramonium by the fact that she had smoked it without relief, but while attending her father I gave her Stram. ^{30} and ^{200} potency. Improvement was immediate and steady until permanently restored. Menstruation became regular and the attacks of asthma are now very slight.

SOCIETIES.

THE HAHNEMANNIAN ASSOCIATION.

The fifth annual session was held in Syracuse, N. Y., June 23, 24 and 25, 1885. The meeting was called to order, at 2 P. M., by Vice-President J. F. Biegler.

The President's address was read by the Secretary, followed by a short address by Dr. Biegler.

On motion of Dr. Butler, Dr. Gregg's address was referred to a committee to report at the morning session.

Auditing committee appointed by the Chairman as follows: Drs. Schmitt, Butler and Pearson.

Secretary's and Treasurer's reports were read and accepted.

The amendment to By-Laws offered last year by Dr. Cranch was adopted, to read as follows:

"SEC. 4. Every person on his or her election shall pay to the Treasurer the sum of $3, and $2 annually thereafter."

The Board of Censors then reported favorably on the following applications for membership, and the applicant's were duly elected. E. W. Sawyer, M. D., Mary W. Baldwin, M. D., Olin M. Drake, M. D., James Tyler Kent, M. D., and the following were elected subject to compliance with the By-laws: Z. Hockett, M. D., Stephen Seward, M. D.

Dr. Rushmore was appointed acting Treasurer.

The Association then received a telegram of greeting from Dr. Gregg expressing his disappointment at not being present and his best wishes for the success of the meeting, which telegram the Secretary was authorized to answer.

At the request of Dr. Butler the report of the Bureau of Obstetrics was given the place of Materia Medica and Provings, and reported as follows:

"High Polemics in Parturition," by Dr. Schmitt;

"Relief of Vomiting in Pregnancy," by Dr. E. P. Hussey;

"Neuralgia of the Ovaries and Uterus," by Dr. Hussey.

Under the Bureau of Obstetrics Dr. Johnstone, by invitation read a paper on Clinical Cases.

A girl of 7 or 8 years had leucorrhœa and other symptoms. All but the discharge yielded to medicine, then he found a brass buckle lodged in the vagina. In the second case Nux vomica removed excessive movement of the fœtus with other symptoms.

Dr. Biegler related a case of uterine polypus entirely removed by one dose at climaxis. Late at night the patient had a discharge, then a sense of protrusion from the vulva. On examining he found a polypus as large as two chest-

nuts, granular, pediculated, firmly attached to the inner os uteri. Then what to give was a question. She was a Calcarea subject. She had then and formerly a crawling in vagina and rectum. He gave *Teucrium*^{mm}. (Swan) one dose; on the third day the pedicle was gone. Later normal menstruation occurred. The case led to the following complaint in his office from a lady, who on asking after the lady was told that she was well and had been cured by a single powder: "Doctor I believe you are the devil."

Dr. McLaren said Dr. Fellger relieved colic from gallstones with Lycopodium. The patient slept in a few minutes; on waking she thought from the rapidity of the medicinal action she must have taken Morphia, and discharged the doctor.

Dr. Nash had a case of uterine polypus; almost bloodless from hæmorrhages; it was as large as a butternut, pediculated and protruded from the os uteri. The case presented symptoms both of Sulphur and of Apis. He advised to put off the intended operation and gave *Sulphur*^{cm}, two powders, and a week later *Apis*^{cm}, two powders. There was no more bleeding, and the polypus dropped off in two weeks. This was seven years ago and the woman is well to-day.

Dr. Pearson: At the meeting of the American Institute in 1870 a member presented a spool taken from the vagina. He had himself discovered two or three pieces of hard coal in the vagina of a lady of 18 years, who had had severe attacks for several years.

Dr. Kent: Leucorrhœa in children is troublesome. Four children in one family all began to have it at one year of age, and had attacks lasting several weeks till they were four or five years old. The patients had ringworms and other Sepia symptoms. It cured temporarily; in six months the disease returned. The mother gave to a new baby an old powder, after one year, and it cured. In his experience Sepia cures all cases in little girls.

Dr. Butler has found pin worms to cause these symptoms.

Dr. P. P. Wells' observations confirm those of Dr. Kent. He has seen many cases cured by Sepia or Carbo veg. These two remedies cured all cases.

Dr. Butler thinks Sepia like some other remedies bears repeating well. If he fails with two or three doses he gives more and gets effects.

Dr. Biegler does not repeat Dr. Swan's m.m. potency.

Dr. Kent disagrees with Dr. Butler as to repetition of Sepia. Fincke's 50 m. and c.m. do lightning work, and he does not repeat. Sepia suits many cases of constipation in his malarial district; the 50^{m} cures for six months, then the CM cures permanently, but the aggravation is always severe. He has spoiled cases by repetition. Certain remedies are less harmful than others when repeated, but no more curative by repetition. A dose may be broken at intervals of eight or ten hours. If no action follows a dose, and no new indications arise, then repeat, but only when you see the first is not operative.

Dr. P. P. Wells is surprised that Sepia could be repeated, for he thinks Bœnninghausen cautions against it saying that repeating this remedy is no better than old school practice.

Dr. Schmitt had a case, lately married, pregnant two months, raving in bed with severe pains going from front to back, almost no discharge, the os closed. He prescribed for the suffering patient, gave Sabina one dose. In five minutes the patient was quiet; in 10 minutes the pains returned. Then he gave Sabina^{cm} one dose, the patient soon fell asleep, and slept half an hour. Then he went home. The patient felt well next morning, but staid in bed. The next day the fœtus and membranes passed unconsciously in sleep.

Dr. McLaren asked if an active fœtus is an indication for Nux vomica.

Dr. Johnstone replied he found it in his notes of Prof. Farrington's lectures.

Dr. Biegler had a case of breech presentation converted to the normal by Pulsatilla. There was pain in the stomach, under the scapulæ, and in the head, all relieved by pressure. *Sepia*^{200}, one dose stopped the pain in three-fourths of an hour for two weeks. Then she had pain for which he sent Pulsatilla. The woman had an easy labor. At his first visit he examined her; the child was low down, but he could find no head; at birth the head was down.

Dr. Pearson: Was the liquor excessive?

Dr. Biegler: Not observed.

Dr. Pearson has a little doubt of the power of a remedy to effect version. In a case he had twenty years ago the pains were moderate, when suddenly the woman said, "what is the matter, everything is turning upside down." Then came a great gush of water, and the head of the child was in the vagina. He thought the head presented in the beginning of the labor.

Dr. P. P. Wells attended thirty years ago a woman in her seventh pregnancy. She had fearful nausea as in all her former pregnancies. She said "I shall not send for you when the baby comes, there will be no time." The baby came suddenly in bed without any pain. As to medicinal power turning the child in utero there is repeated evidence of Pulsatilla being successful, especially he thinks with Dr. M. B. Jackson, of Boston.

Dr. Swan reported the case of a thin, skinny woman; the fœtus giving the abdomen a triangular appearance. *Pulsatilla*^{1000}, was given, and in two hours, after sensible disturbance in abdomen, the child was found in natural position.

The Bureau was declared closed.

The Necrologist reported the deaths of Drs. Constantine Lippe and F. W. Ingals.

Remarks were made by Dr. Pearson, who also expressed extreme regret on the part of the Association to hear of the serious if not fatal sickness of Dr. H. N. Guernsey, and offered the following resolution:

Resolved: That in the death of Dr. R. F. McManus, of Baltimore, the homœopathic profession, the world of medicine and the cause of human welfare have sustained an irreparable loss, and that we extend our heartfelt sympathy to the family of the deceased.

Discussion closed and meeting adjourned until 9:30 P. M.

At the Wednesday morning session letters were read from Drs. Ehrman, Foote and Gregg.

On motion of Dr. Swan a portion of the President's address applying to cholera was referred to a committee consisting of Drs. Swan, Pearson and Kent.

The Committee on President's address reported verbally and offered the following resolution which was unanimously adopted and the Secretary authorized to send a copy to the President.

Resolved: That the Secretary of the International Hahnemannian Association is instructed to express to its President, Dr. R. R. Gregg, our deep regret that he is unavoidably detained from attending its present meeting; and our sincere and heartfelt sympathy for him in his illness and our earnest hope that he may soon be restored to his health and spared for many years to uphold the banner of true Homœopathy in the future, as he has so nobly done in the past.

The Bureau of Materia Medica then reported as follows:

"The Study of Gelsemium," by C. W. Butler, M. D.; "Apium Graveolens, Tincture of Celery Seeds"; a proving by W. P. Wesselhoeft, M. D.; "Observations on Materia Medica," by Dr. Nash; Magnetism, by Dr. Fellger.

The discussion was then opened by Dr. Wells. He said that Gels. was especially useful in fevers of dynamic origin and in their early stages.

Dr. Kent gave his experience in the same.

Dr. Brown reported two cases of acute paralysis cured by Gels. where the sensation of heaviness of the body was the guiding symptom.

Dr. Allen verified the keynote of relief from stimulants.

Dr. Nash's was discussed, as also Dr. Brown's, by Drs. Pearson, Stowe and Allen.

Adjourned to 2 P. M.

Dr. Wells was added to the cholera committee as chairman.

The Board of Censors reported favorably on the following applications for membership, and the applicants were accordingly elected.

D. C. McLaren, M. D.; W. S. Gee, M. D.; A. E. Wallace, M. D.; Elmer C. Kern, M. D.; B. B. Sullivan, M. D.; Leslie Martin, M. D.; C. W. Boyce, M. D.

Bureau of Clinical Medicine reported through its chairman, Dr. Pearson, as follows:

Papers by Dr. Pompili, Rome, Italy; "Arthritis Vaga, Dr. Ehrman; "Clinical Cases," by John F. Miller; "Chelidonium in Neurosis and Acute Bronchitis," Dr. Biegler; "Hahnemann the true Pathologist," Edward Rushmore; "Heart Diseases Cured by Gelsemium," E. W. Berridge; "Eczema Ani," T. S. Hoyne; "The Condition of the Stomach as Cause of Health and Disease," C. Pearson. By request Dr. Wells read a paper on "Clinical Duties and How They Should be Performed," for which the Society gave him a vote of thanks.

Dr. Wells defines "dynamic" to be that power in the drug which cures, and the cause in the disease which makes sick.

Dr. Biegler's paper was discussed by Drs. Kent and Wells. During the discussion Dr. Kent said, look out for Sulphur in tuberculosis, and Arsenicum where there are weak hearts. As an aphorism, said in tuberculosis give the nearest remedy not antipsoric for incurable cases. Do not give Sulphur, Sulph. Acid, Ferr., Phos., Stan.

Dr. Brown reported a case of hardened testicle cured by Calc. Fl.

Dr. Pearson's paper was discussed by Drs. Hawley and McLaren.

Adjourned until 7 P. M.

At the evening session the discussion of Bureau of Clinical Medicine was taken up.

On motion all the papers were referred to the Committee on Publication appointed by the Chair as follows:

The Secretary, Treasurer, Drs. H. C. Allen and J. T. Kent. They were directed to have the proceedings printed as soon as possible. The President announced the following chairmen for next year:

For Bureau of Materia Medica and Provings, Dr. J. T. Kent; Bureau of Obstetrics and Diseases of Women and Children, Dr. Julius Schmitt; Bureau of Clinical Medicine, Dr. Pearson.

Dr. Allen gave notice that at the next annual meeting he would move to change the name of the Association by dropping the word "International."

Dr. Butler gave notice of the following amendment to the By-Laws:

Change in Art. III of Constitution so that instead of the words "The applicant shall be a graduate of a recognized medical college," the reading shall be "The applicant shall be a regularly educated practitioner of medicine."

By request Dr. Wells read an address on the report of the meeting of the American Institute at St. Louis, which was discussed by Drs. Butler, Kent, Pearson and Custis.

The Association then adjourned to the Empire House at the invitation of the Central New York Homœopathic Society to discuss an excellent menu.

At the Thursday morning session the Secretary was authorized to get out a list of members with their addresses with the declaration of the principles of the Association printed on the programme. Dr. Butler kindly offered to have them printed.

The election of officers then being in order the following named members were elected:

H. C. Allen, President; Edward Rushmore, Vice President; W. A. Hawley, Treasurer; J. B. Gregg Custis, Secretary; E. W. Berridge, Cor. Secretary.

Board of Censors: C. Pearson, W. A. Hawley, E. W. Berridge, J. T. Kent, J. F. Beigler, C. W. Butler.

Saratoga was chosen as the place of the next meeting, the time being left to the discretion of the Executive Committee.

Dr. T. Dwight Stowe was appointed necrologist for the following year.

The Bureau of Surgery on account of the illness of the chairman first appointed had no report, and Dr. E. Carleton was appointed chairman for the next year.

A vote of thanks was extended to the members of the New York Central Society for their courtesy and hospitality.

The Treasurer was directed to pay all expenses of the meeting, and the auditing committee reported his accounts as correct.

The following amendment to the By-Laws was passed:

Resolved, That Section III of By-Laws be altered to read as follows: All applications for membership with their recommendations must be sent to the Chairman of the Board of Censors at least six months before any annual meeting, and it shall be his duty to send the names of all applicants as soon as practicable to all the members; the election shall be by ballot and a two-thirds majority of the members present at said annual meeting is necessary to elect. If an applicant for membership be not elected by the first ballot, he may upon a majority vote if he so desires, receive a second ballot at the next annual meeting of the Association.

The following committee on revision of the By-Laws was appointed to report at the next meeting:

Dr. C. Pearson, Chairman; Dr. T. L. Brown, Dr. J. B. G. Custis, Dr. J. F. Beigler.

The Treasurer was ordered to pay the printing bill on the order of the Secretary.

The Association adjourned sine die.

EMBOLISM OF FEMORAL ARTERY.

CHAS. METZGER, M. D., Lima, O.

Mr. C——, aged 59 years, served as captain in the Union army and was wounded in five different places, one of them

being through the fleshy part of the left leg. He was doing night work in a railroad warehouse. About 2 o'clock A. M. was seized with a severe chill and taken home. At five o'clock A. M. I was called and found him vomiting and purging. On the evening of same day was better. On the morning of the 19th he was so much better that he thought he could go to his work in the evening. In the afternoon of same day he walked to the stable situated but a short distance from his dwelling. While there he was taken with a severe pain in the left leg and had to be helped back to the house. Five o'clock P. M. I was sent for in great haste, the messenger telling me that Mr. C—— was very bad. On my arrival I found him suffering with excrutiating pain following the course of the sciatic nerve in the left leg, which he described of a shooting, cutting nature, especially severe under the knee. I prescribed Colocynth, with hot applications externally. The next morning, Aug. 20th, he was no better. In the evening I gave him a hypodermic injection of morphine, which relieved him somewhat, and continued outward applications. On the 21st pain worse than ever. On examination, the leg presented a peculiar marbled color, with coldness of the left foot. I felt for pulsation in the femoral artery, but could find none. At once suspected gangrene and called for counsel. Drove to the city myself for one physician, who confirmed my diagnosis. Two more physicians were called and while waiting about two hours for one of them the marble color spread above the knee, toes began to shrivel and turn blue.

The conclusion of the consultation was that nothing could be done; that there was thrombus of femoral high up near its commencement. The case went on from bad to worse until the 9th of September, when death came to his relief, the leg literally rotting; the gangreue extending to Poupart's ligament on the inside of the leg.

The treatment was mainly of a supporting nature as long

as he could swallow. Up to within five days of his death, the mind was clear, when he gradually became comatose. Coma gradually deepened until he died. What struck me as peculiar in the case was, the rapidity with which the gangrene traveled without the formation of line of demarkation. The length of time the man lived, the leg being very offensive and one mass of corruption.

CORRESPONDENCE.

A SURGICAL QUESTION.

Editor Advance:—Quite recently I had a conversation with a young surgeon of this city upon the growth of American surgery. His skepticism almost chilled me. Said he in substance: "We have no surgery in this country; we do not know what it is except as we get it from Vienna. Did you ever see or hear of a *cancer of the stomach* being removed in Chicago? Opening the abdominal cavity there is thought nothing of, and if the patient gets well it's all right and *if he dies it's all right.*" I could not help asking "Doctor do you call that surgery?" He confessed that the removal of a malignant growth from the stomach generally killed the patient on the spot, or very soon thereafter, "but" said he "you get the magnificent surgery." I am not at all in favor of such a system of scientific murder. Neither am I in the least disposed to underrate our own surgery or surgeons. Erichsen, in a spirit of candor which does him honor, says "To America is the honor due of discovering ether."

Ovariotomy was first performed in a little brick cabin now occupied as a tenement house at Danville, Kentucky, by Ephriam McDowell, in July, 1809. The brave woman submitted to what was then called a "murderous experiment," without an anæsthetic. She lived 26 years and gave birth *afterwards* to a member of Congress from Tennessee. Professor Gross in his eloquent address at Dan-

ville said "that the operation up to this time (1879) has added forty thousand years to human life!" McDowell subsequently operated thirteen times with *nine* recoveries. All of his operations were before the days of anæsthetics and without Lister's improved (?) methods of dressing wounds. The innominate artery was first tied by Dr. Mott, of New York in May, 1818. The first case of vesico-vaginal fistula ever cured was by J. Marion Sims of Alabama. Europe loaded him with honors and gracefully acknowledged the vast superiority of American surgery. His record is too well known to be even quoted here. What a vast debt of gratitude does the world owe him.

Gross is my authority for saying that the first case of lithotrity was performed by Alban G. Smith, of Danville, Kentucky, a nephew of the famous McDowell. "Normal Ovariotomy" was first performed by Robert Battey, of Georgia. Lawson Tait has since achieved a world-wide fame by following Dr. Batteys's methods of operating.

Our own school has no cause for being ashamed of itself. Prof. Ludlam has operated for ovariotomy about two hundred times and with a mortality of 13 per cent. Dr. Phil Porter, the able editor of the *American Homœopathic Journal of Gynæcology*, has a brilliant record in abdominal as well as in other fields of surgery. In July, 1869, on a hot, sultry Sunday, the lamented Prof. Gaylord D. Beebe removed fifty-eight inches of intestine, and some months afterward delivered the lady of a well developed boy of ten pounds. Our present Prof. Albert G. Beebe is the only man living who has made a false joint at the hip, the man walking perfectly to the day of his death, ten years after the operation. Prof. Sayre performed the operation, but the joint re-anchylosed in a few months. Prof. Beebe sawed off the bone above the trochanter, thus saving the muscular attachments. It may be of interest to some to know that Prof. Gaylord D. Beebe in his operation upon the intestine used *torsion* for the arteries of the

mesentery. I believe he also used that method in treating the pedicle in ovariotomy.

In view of these facts, I think young allopathic graduates—and our own as well—can well afford to spend their time for a few years after graduation in studying up *American* operations and let Vienna have all the honor (?) of removing cancers of the stomach, and valves of the heart, too, if she wants to inaugurate a further move into "magnificent *surgery*." The great object is the preservation of human life and the amelioration of human suffering. Let us all keep it in view and profit thereby.

H. C.

CHICAGO, Sept,, 1885.

AN OPEN LETTER.

Editor Advance:—The August number of your magazine has an article on "Diseases of the Rectum," by Dr. Ingersoll of Denver, advocating the local treatment of rectal diseases, which is followed by one from Dr. Guernsey, and one from Dr. Sherbino, discouraging such treatment, as unhomœopathic and unnecessary.

That Dr. Ingersoll need's no support from me, I can well believe, but believing heartily, as I do, that rectal ulcers are mechanical injuries, and therefore properly to be so treated, I want to relate a case in hand. My patient, a woman of 57, has lived many years in a malarial climate, and though no longer subject to severe attacks of malarial fever, has been so debilitated by dyspepsia, wandering neuralgia's, and general mal-assimilation, as to be almost an invalid; obliged to spend the summer out of her native state, Ohio. Her varying symptoms had been treated by skillful physicians in the eastern cities without marked benefit, but last November, while in Ohio, the neuralgia—chiefly pelvic, backache, and burning across the sacrum—became so violent that, a uterine, rectal and urethral exploration was made, and a deep and jagged rectal ulcer discovered one inch

above the sphincter externus. For four months the remedy was relied upon with no improvement whatever. Older and wiser heads than mine did the prescribing, and I have no cause to believe it was other than well done.

Finding the patient discouraged, and inclined to try the "patent method" of Brinkerhof *et al*, I began local treatment, using as enemas to be retained at night, Hammelis, Hydrastis, Calendula, and Æsculus, as best suited the existing condition. At intervals of from two to four weeks I touched the ulcerated surfaces lightly with Nitric Acid, Carbolic Acid, powdered Hydrastis, or Iodoform powder, getting the best and most lasting relief from the pure Carbolic Acid. At this writing the pelvic burning and soreness occur at long intervals, once remitting for three weeks—something the patient had not experienced for ten years—the jagged surfaces of the ulcer are quite smooth, its color more natural, and no easily bleeding surfaces. A tiny fissure that led from the border of the ulcer to the sphincter ani has healed, the stools are regular and painless. An increased sense of comfort and rest in the rectum invariably follows the topical applications. Cleanliness is secured by enemas after each stool. Remedies have been used, but only as secondary factors in the work of cure, which I believe is going on, surely, and more rapidly by the use of local applications.

M. D. LUMMIS, M. D.

Los Angelos, Cal.

[Hahnemann asked his critics to give all the symptoms of the patient and the remedies prescribed, then publish the failures to the world. Dr. Lummis publishes a failure, but neglects to comply with Hahnemann's instructions. She may have been "treated by skillful physicians," but we have no data by which we may verify it.—ED.]

MELILOTUS bids fair to become a valuable remedy in hæmorrhage; "epistaxis, profuse, attended with rapid pulse, high fever, *and violent throbbing of carotids and congestion of head and face*, after Belladonna failed though apparently well indicated, Melilotus[3] cured promptly."—E. B. Nash.

EDITORIAL.

A LAME DEFENCE.—The Detroit *Free Press*, for Sunday Sept. 20th., contains an editorial that has an unusual significance for every friend of the right. Copies of our September number were mailed to the *proper parties*, and we find in this *Free Press* editorial a reply that was evidently written to exonerate them. We reprint this editorial, then, as the first attempt at a defence on the part of those who have betrayed a trust and now "blush to find it fame."

"The undoubted intention of the Michigan Legislature in the law relating to the Superintendent of the new insane asylum at Grand Traverse was to put that institution, if possible, in the hands of the homeopathists. At the same time it is quite as evident that the law does not make this compulsory upon the trustees. Discretion is plainly allowed them. The Legislature was apparently unwilling to deprive them of the responsibility of choosing a superintendent. Had they been compelled to choose a homeopathist against their better judgement as to his proper qualifications, his failure and any disasters in consequence would have been charged to the law and not to them. It is not well for any law to relieve its agents of such a responsibility.

"The trustees declare that they have exercised their best judgement. They endeavored to appoint a homeopathist, but those qualified for the place would not take it. If this is not true the champions of homeopathy should clearly prove its falsity. If it is not true, the trustees have evaded the intention of the law and failed of their duty.

"If it is true, if they did all that could be reasonably asked of them in fulfillment of the law, they are quite justified in exercising the discretion which the law allows them. It is a question of facts. It can be decided by proved facts and not by assertions, or a controversy over alleged motives.

"The unchallenged success of one or more homeopathic asylums is evidence enough that the school of treatment is of little or no consequence, It is a question of the personal capacity and experience of those who aspire to be superintendents. Such persons of either school are not so numerous as to make their selection an easy task. Inasmuch as nearly all of the asylums are in the hands of the "old school," the persons fit for superintendents must be

more numerous among them than among the homeopathists. This may explain the difficulties of selecting a proper man from the homeopathic profession. If not let some other rational explanation be brought forward. It will not be satisfactorily settled by loud and angry words."

The *Free Press* man can understand plain English for he readily discerns the intention of the Legislature, but where does this clear-sighted editor find the "if possible" that he has so cunningly interpolated? Those words are not in the law; they are an addition necessitated by the perfidy of the men to whom was entrusted the execution of the law. The question of such a possibility was never discussed by the Legislature. That body authorized a certain special and specific appointment, and the only qualification, expressed or implied, in that authorization is that the appointee shall be "a reputable physician and surgeon of the homeopathic school of medicine."

If possible, says the *Free Press* apologist. Does he mean the *possibility* of finding a reputable physician and surgeon in the homœpathic ranks? Is the *Detroit Free Press* ready to raise that issue; does it desire to be understood as holding such an opinion of the homœpathic school of medicine? By no means. The *Free Press* man, who is evidently in the confidence of the board of trustees, has unwittingly revealed their animus. "The undoubted intention of the Michigan Legislature in the law" admits of no question, and the *Free Press* man's *if possible* applies to and qualifies only the integrity of the trustees who have deliberately and designedly thwarted "the undoubted intention of the Michigan Legislature in the law relating to the superintendent." Events show that, with their prejudices, it was not "possible" for the trustees to execute the "undoubted intention" of the law-makers, and it is doubtless from his knowledge of the trustees that the *Free Press* man has so inadvertently "given them away."

How fallicious is his poor plea that the law is not compulsory. The Legislature frames the law so plainly that

its undoubted intention is not questioned, and it is as plainly compulsory in so far as any honest trustee has any regard for an *undoubted* intention plainly expressed. These trustees were fully aware that in framing this law the Legislature was acting in behalf of those citizens of Michigan that are taxed to support its asylums for the insane, and who believe in and trust only the homœopathic school of medicine, and who have a constitutional right to demand that the State shall provide that medicine for the treatment of their insane. The undoubted intention of the Legislature is in unison with this most constitutional demand, and simple equity makes such an undoubted intention as undoubtedly compulsory.

"Had the trustees been compelled to choose a Homœopathist against their better judgment as to his proper qualifications, his failure and any disasters in consequence would have been charged to the law and not to them."

How sweetly diaphanous! In plain English, as the *Free Press* man well knows, this very thin whitewash *means* that it was the undoubted intention of the Legislature to have a Homœopathist appointed, while, at the same time, it was the undoubted intention of the Legislature *not to be held responsible for the execution of its own undoubted intention.* That is the logic of "Scientific Medicine," and the *Free Press* had better leave such sorry stuff alone even if from only sanitary considerations: it defies disinfectants and will not keep in any climate.

But, the *Free Press* man goes on prattling as follows: "It is not well for any law to relieve its agents of such a responsbility." It seems, then, that this responsibility melts into misty fog when the agents of the law refuse to execute the undoubted intention of the law. To every homœopathic taxpayer in Michigan the appointment of a superintendent who is not of the homœopathic school is a "failure," and to them the ministrations of any but a homœopathic superintendent would be a "disaster;" but for

this very appointment, so detrimental to them, so subversive of their right as taxpayers, so regardless of every principle of equity, "the law" repudiates any "responsibility" but makes the recalcitrant trustees responsible—TO WHOM? How does any responsibility of these trustees affect, alter, ameliorate, in any way, shape or manner the condition of such taxpayers in Michigan as believe in and employ only the homœopathic school of medicine? By the action of these trustees such taxpayers are deprived of a right that it was the undoubted intention of the Legislature should be made theirs by law. The outrage is perpetrated under the shadow of a "responsibility" that is simply a mockery to the injured and only a farce to the injurers; *a responsibility that ends where it should begin*; *that has no correction for its own wrong-doing.* The first fruit of a responsibility that we shall force upon these trustees will most appropriately be a report concerning the appointment they have made. These trustees have misapplied a legislation enacted in our interests from a recognition of our constitutional right as taxpayers; and such a report we now call for as a "responsibility" to us that honest men will not seek to evade. We are not content with a newspaper assertion that these trustees "have exercised their best judgment." In the face of the facts we are not ready to believe that the trustees have authorized the making of an assertion that is so severe a reflection upon their "judgment."

For such a report our columns are open to them, AND THEY SHALL READ THEIR OWN PROOF!

In the following *morceau* the *Free Press* man is "off his base" and sadly out of his latitude:

"The unchallenged success of one or more homœopathic asylums is evidence enough that the school of treatment is of little or no consequence."

If this assertion is made by authority from the trustees then these trustees are either incompetent, or unfaithful. In the ministrations of any school of medicine under the

patronage of the State, the relative cost of those ministrations should be considered, and in the item of medicines it has been shown, in the prison at Jackson, that homœopathy effects a saving worth the consideration of taxpayers *and trustees.* Statistics that cannot be impugned will also show that in curuble cases of insanity the cure is much more quickly obtained under homœopathic treatment. As the trustees visited the homœopathic asylum for the insane at Middletown, N. Y., they had ample opportunity to learn these facts. Did they learn these facts? If not, then why not? If they did learn them, was it "their best judgment" *not* to act on them? If so, where does the "responsibility" come in?

Just one more of the *Fres Press* man's gems:

"Inasmuch as nearly all of the asylumns are in the hands of the 'old school,' the persons fit for superintendents must be more numerous among them than among the Homœopathists. This may explain the difficulties of selecting a proper man from the homœopathic profession."

This, again, is the decayed logic of "Scientific Medicine" —*You must not go into the water until you have learned to swim.* What a predicament for ducks and Homœopaths!

But, the *Free Press* man was instigated to the utterance of such nonsense. What does he know of homœopathic medicine, of its therapeutic law that makes a fresh graduate better qualified to properly treat insanity than a life time spent in following the mirage of old school therapeutics?

To the Homœopath the *management* of the insane may be an experiment, but the *treatment* of them is the demonstration of a law that is the same yesterday, to-day and forever. As fast as the Almighty enables them, old school physicians are appropriating this law, and it will be a boon to both sane and insane when homœopathic asylums abound to facilitate their progress. Until then the "proper man" can come only from the homœopathic school; but such men are not discernible to trustees who know nothing of Homœopathy! S. A. J.

NEW PUBLICATIONS.

INEBRIISM; A PATHOLOGICAL AND PSYCHOLOGICAL STUDY. T. L. WRIGHT, M. D., Bellefontaine, O. Published and for sale by the author. Price $1.25.

The author is well known as a frequent contributor to the journals on the subject of inebriety, and this excellent work from his pen will give many medical men a new idea on the pathology of "Inebriism." It is an admirable analysis of the mental and physical constitution of the inebriate.

ELEMENTARY PRINCIPLES OF ELECTRO-THERAPEUTICS, with 135 illustrations Designed for students and physicians, by C. M. HAYNES, M. D. McIntosh G and F. B. Co., Chicago. 8vo., pp. 426. Cloth, $2.00.

For the student who wishes to commence at the beginning and master the *foundation principles* of medical electrical science before attempting to become acquainted with the theories and elaborate investigations of the founders, and the busy practitioner who wishes to get at the practical facts of medical electricity without being compelled to search for them through a mass of material which, however interesting and valuable, is not absolutely essential to an understanding of the work, this book will prove a valuable and practical guide.

SPECIAL PATHOLOGY AND DIAGNOSTICS WITH THERAPEUTIC HINTS. C. G. RAUE, M. D. Third edition, revised and enlarged. Hahnemann Publishing House, Phila. Pp. 1094, large. 8 vo. Half Morocco, $8.00.

By the revision and enlargement of this excellent work, the author has again conferred a boon upon the entire homœopathic school. As a work on practice, this book is undoubtedly the best representative of Homœopathy to be found in our literature. Its ætiology, pathology, diagnosis are clear and concise and the "Therapeutic Hints," with "Digest" enable the practitioner to cure his patient. Like many works on homœopathic practice, it does not teach everything, *except how to cure.* The type is somewhat smaller than in the last edition, yet clear and distinct, and an equivalent of 175 pages has been added without materially increasing the size of the book.

The author in his preface says: "My 'digests,' however are *not* alphabetical repertories; each single one has been arranged according to the requirements of each single chapter. What belongs naturally together, or what is nearly related to each other, has been put together in order to facilitate comparison and choice between the different remedies.

"These digests contain only what the preceding therapeutic hints contain, and are not made up artificially from the Materia Medica or existing repertories; they are not meant to present any thing more or less than the preceding hints worked over and arranged methodically for ready use."

"This laborious task I have undertaken because I wished to accomplish two very important objects. First, to assist the accurate prescriber, as far as it lies in the scope of this work, in his arduous task of finding the required remedy quickly and safely; and, secondly, to induce my young friends to study closely their cases, in order to keep out of the ruts, so easily trodden, of prescribing for a name. For in these digests they surely will find inducements for individualizing their cases, and although I do not promise that they will find in every instance what they are hunting for, I am sure they will be greatly aided in many cases."

The office of every Homœopath will be incomplete without this work of reference. It will repay its cost many times a year.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS FOR 1885. Wm. Wood & Co., New York.

HUMAN OSTEOLOGY. By Luther Holden. Sixth edition. January.

KIRKE'S HANDBOOK OF PHYSIOLOGY. By Baker & Harris. Eleventh edition in two vols. February and March.

THE WASTING DISEASES OF INFANTS AND CHILDREN. By Eustace Smith, M. D. Fourth edition. April.

A TREATISE ON ASIATIC CHOLERA. By E. C. Wendt, M. D. May.

POISONS—THEIR EFFECTS AND DETECTION. By A. W. Blyth. In two volumes. June and July.

ON RENAL AND URINARY AFFECTIONS. By W. H. Dickinson, M. D. August.

Although now in its seventh year, and already reaching a total of eighty published volumes, this remarkable series of medical works shows no signs of deviating from the uniform excellence which has thus far characterized it. The issue for the present year seems to be just as practical, just as interesting, and just as valuable as any of its predecessors. One of the chief advantages of this sort of a library is, that not only are the writers who have contributed to it competent and eminent in their special branches, but their contributions are thoroughly modern and up to date, and stand as landmarks, at least to indicate the direction of recent medical progress. So such a library becomes valuable as a means of keeping abreast of the times, and cannot be too highly recommended. The current series begins with Luther

Holden's *Human Osteology;* a work too well known to need any particular comment. It contains in addition to the very complete descriptions of human bones, brief notes on comparative osteology, and is illustrated with over sixty full page lithographs and many woodcuts. *Kirke's Physiology* occupies the next two volumes, and forms a good presentation of the principles of modern physiology. Many of our older practitioners, whose physiological conceptions are of a somewhat ancient order, would do well to read such a work as this to get an idea of the recent advances in this science.

Eustace Smith, M. D., who has contributed the next volume, on *The Wasting Diseases of Infants and Children*, has an acknowledged authority and reputation on such subjects. The work treats of simple atrophy from Insufficient Nourishment; Chronic Diarrhœa; Chronic Vomiting; Rickets; Inherited Syphilis; Mucous Disease; Worms; Chronic Pulmonary Phthisis; Cascation of the Lymphatic Glands, and a valuable chapter on Diet.

Asiatic Cholera next claims our attention, as a series of papers on various aspects of this scourge, prepared under the editorship of E. C. Wendt, M. D. We can heartily recommend the work, all but about thirty pages on treatment, to our readers. The chapters on the history, etiology, symptomatology, morbid anatomy, hygiene, etc., are most excellent. It only needs a chapter on the use of camphor, copper and veratrum to make the work complete.

Blyth on Poisons etc., is an eminently practical work, one such as the practitioner can utilize for an emergency reference, or for deliberate study, although originally designed for the use of analytical chemists and experts. The appended table of procedures in cases of poisoning is so arranged that at a glance one can see what is to be done in any case, and so avoid wasting time by a search for the proper antidotes and treatment.

The treatise on *Renal and Urinary Affections* is by W. H Dickinson, M. D., whose work on albuminuria published in the third series of Wood's Library is acknowledged to be the masterpiece on that subject in our language. The character of the present work scarcely falls short of the other. It is a forcible and thorough discussion of that class of diseases which the general practitioner so often finds obscure and troublesome.

FACTS AND FIGURES ABOUT MICHIGAN.

The most complete and accurate lists of the National and State executive, judicial and legislative departments; of the State Boards, institutions and associations; roster of the State troops;

statement of the State finances; county officers; terms of Courts; officers and condition of the National and State banks; condition and traffic (passenger and freight) of the railroads; general officers of railroads; railroad stations with mileage and postal and telegraph facilities; express companies; the newspaper press; post-offices; political and economical statistics; a terse but comprehensive summary of the geography and history of the State and its mineral productions: together with other valuable and practical information, will be found in a compact, handy little volume just issued by the Michigan Central. Send fifteen cents to O. W. Ruggles, Gen'l Pass'r & Ticket Agent at Chicago, and get "Facts and Figures About Michigan."

PAMPHLETS RECEIVED.

HEALTH STATISTICS OF WOMEN COLLEGE GRADUATES. Report of a Committee of the Collegiate Alumni, with statistical tables, chiefly from the Massachusetts Bureau of Statistics of Labor.

A MEMOIR OF CHARLES HILTON FAGGE, M. D., Phila.: P. Blakiston, Son & Co. Published for American Distribution.

THERAPEUTICS OF HIGH TEMPERATURE IN YOUNG CHILDREN. By W. P. Watson, M. D. Reprint from Arch. of Pediatrics.

CHOLERA INFANTUM. By W. P. Watson, M. D. Reprint from Arch. of Pediatrics. 1885.

HOMŒOPATHY AND ITS RELATION TO THE GERM THEORY. By Robt. N. Tooker, M. D., Chicago: Gross & Delbridge. President's Address, Illinois Homœopathic Medical Society. 1885.

PREVENTION AND RESTRICTION OF CHOLERA. Issued by the Michigan State Board of Health.

PROCEEDINGS OF THE TENNESSEE STATE BOARD OF HEALTH. Quarterly Meeting, Nashville. 1885.

DUTY OF THE STATE TO THE MEDICAL PROFESSION. By Conrad George, M. D. Address before the Medical Alumni Association of the U. of M.

ALCOHOLIC DRINKS. By A. C. Rembaugh, M. D., Phila.: Social Science Association. 1885. This is a valuable statistical document and will well repay a careful perusal.

HYDROGEN PEROXIDE. By Wm. B. Clarke, M. D., Indianapolis: Reprint from Medical Era.

NERVES IN THE HUMAN LUNGS. Observations on their Distribution and Termination. By E. F. Beckwith, M. D. Reprint from Microscope.

MISCELLANEOUS REPRINTS. By James Craig, M. D., Jersey City, N. J.

SURGICAL NOTES. From the Case-Book of a general practitioner. By W. C. Wile, M. D., Sandy Hock, Conn. Reprint from New England Medical Monthly.

HINTS ON DIGESTION. A Resumé of the Latest Physiological Investigations. New York Pharmacal Association.

VOICE IN SINGERS. By C. H. VonKlein, M. D., Dayton, O. Reprint Ohio State Medical Society, 1885.

CARIES AND NECROSIS. Constitutional treatment of. By Hal. C. Wyman, M. D., Detroit. 1885.

LACERATED CERVIX, with Illustrative cases. By W. J. H. Emory, M. D., Toronto, Ont.

PELVIC HÆMATOCELE, with a new and Successful Treatment. By L. B. Couch, M. D.

PHYSIOLOGICAL EFFECTS AND THERAPEUTIC USES OF HYDRASTIS. By Roberts Bartholow, M. D. Reprint from Drugs and Medicines of North America.

THE ABDOMINAL BRAIN. By Lelia G. Bedell, M. D., Chicago: Gross & Delbridge. 1885.

SCARLET FEVER. Certain suggestions for its treatment. By T. G. Comstock, M. D., St. Louis, Mo.

CATALEPSY. By J. Martine Kershaw, M. D., St. Louis, Mo.

FIFTY CASES OF ABDOMINAL SECTION; With remarks on Laparotomy. By J. B. Hunter, M. D.

CARLSBAD; Its springs, Their Physiological Action and Indications. By Theodore Kafka, M. D., London: E. Gould & Son.

URETHRAL STRICTURE. One Hundred Cases of, Treated by Electrolysis. By Robt. Newman, M. D. Reprint New England Medical Monthly.

EDITOR'S TABLE.

WE are indebted to the enterprise of the *Hahnemannian Monthly* for frontispiece illustration of the late Professor H. N. Guernsey in our September issue.

H. H. READ, M. D., of Halifax, N. S., has just sailed for Sidney, New South Wales. *Bon voyage.*

H. M. LOGEE, M. D., of Oxford, O., has disposed of his residence and practice to his partner, Dr. Munns, and will, in a milder climate, seek a much needed rest. We trust he will soon be able to resume work again, as such men cannot long be spared from active duties.

L. C. GROSVENOR, M. D., says; "The stomach of a new-born child is not and should not be used as a slop-bowl into which the nurse or grandmother may indiscriminately throw catnip tea, castor oil, chamomile tea, etc., etc." This is good common sense, if it is from a Chicago authority.

PALEOLITHIC man, say the scientists, was a cannibal, and ate his brethren. That was ages before tobacco and whiskey were invented. It is one of the pleasing triumphs of Christian civilization that, in all nations where man has become addicted to the use of tobacco and whiskey, his flesh is not considered eatable.—*Daily Paper.*

PARKE, DAVIS & CO., the enterprising pharmacists and manufacturing chemists, of Detroit, offer to supply a Materia Medica collection for students, that should be appreciated at its true value. The collection comprises 300 specimens of the most important drugs of vegetable origin in the Materia Medica, put up in neat turned wood boxes arranged in a black walnut case, for the small sum of $10, provided they receive orders for 50 sets so as to guarantee them against actual loss. Send for circulars giving full particulars.

THE HOMŒOPATHS OF ONTARIO are agitating the question of establishing a College and Hospital in Toronto and of having one of the asylums for insane placed under homœopathic control. There is no doubt of their ultimate success.

J. M. CRAWFORD, M. D. It is with sincere regret that we announce the death of Mrs. Crawford. She died at her home in Cincinnati, of septicæmia, on September 10th, 1885.

CORRECTION. The following errors occurred in Dr. Wells' article, August number. On page 69, last line, for "indispensible" read "impressible." Page 73, 16th line from the top, for "thing" read "thief."

SPECIAL. Any one having treated cases of *Purpura*, which they can re ort in detail, showing the homœopathic applicability of any remedy, are respectfully urged to send the same to Dr. Winterburn, 29 West 26th New York.

G. E. BLACKBURN, M. D., has removed to Galveston, Tex., and is succeeded at Shreveport, La. by his brother, Dr. C. E. Blackburn, (U. of M.)

AN APPEAL. "If you know of any good practical homœopathic physicians, men of families, steady habits, who can come well recommended, desirous of changing locations and willing to come south and help us fill our wide field, we will be more than obliged

if you will send us their names or put us in correspondence with them in some way." G. E. and C. H. Blackburn, Shreveport La.

E. D. CURTIS, M. D., locates at 1555 San Pablo Ave., Oakland, Cal., and devotes himself to diseases of the eye and ear.

A.L. MONROE, M. D., removes from Birmingham, Ala., and takes a partnership in the late firm of Breyfogle & Mayer, of Louisville Ky., Dr. Breyfogle retiring from active practice. Dr. Jules Fabre late of Cleveland Homœopathic Hospital succeeds him.

LEVERETT BISHOP, M. D.—Dr. Bishop died in Sauquoit, Oneida Co., N. Y., March 30, 1885, aged 93 years and 8 months.

He was born in Guilford, Connecticut, but was brought when a child to Sauquoit, where the family afterwards resided. His father died in 1886, aged 80 years. Dr. Bishop was educated at Hamilton academy and studied medicine with Dr. Elnathan Judd at Paris Hill. His father served thro' the revolutionary war, and when the second war commenced the son connected himself with the army. He went to Sackets Harbor and served as surgeon's mate, an office which now corresponds to assistant surgeon. Dr. Bishop was intimately connected with the whites in negotiations with the Indians of that day, and was an intimate friend of the Indian chief Skenandoa. In 1816 Dr. Bishop came to Sauquoit to practice and remained there until his death. The doctor was by by education and practice an allopath. His experience with drugs and observation of their uncertainties in relieving the sick led him to distrust the therapeutics of the dominant school. In 1844 and '45 Dr. E. A. Munger at Waterville, Dr. Stewart at Clinton and Dr. Haven at Hamilton became converts to Homœopathy and Dr. Bishop was induced to give the system a thoro' investigation. His acute and discerning mind soon grasped the great principle embodied in the law *similia similibus curanter* and in this his faith was unshaken to the end. His success in the new mode of treatment inspired him with a zeal in his profession which enabled him to overcome all obstacles. He continued to practice until 90 years old when he was compelled to yield to the infirmities of old age. He was supposed to be the oldest practitioner in central New York, if not in the state. His intellect was unimpaired to the last.

He was married to Laura Bacon, who bore him one child, a daughter, who is the wife of Charles D. Rogers, superintendent of the well known American Screw company at Providence, R. I.

In 1845, being left a widower, he married the widow of Dr. Rufus Priest. This lady survives him.

In 1816 Dr. Bishop became a mason, a member of the Chittenango lodge. He was afterwards a member of the lodge at Paris, and was one of the charter members of the Sauquoit lodge of F. & A. M. in 1849. He was at his death an honorary member of the lodge. In 1833 he was ordained an elder of the Presbyterian church in Sauquoit and retained that office until his death, being the only survivor of six then dedicated to this office.

A special meeting of the Oneida Co. homœopathic medical society was held at the office of Dr. Wells, when the following memorial and resolutions were offered:

Resolved, That in the life of Dr. Bishop we recognize a kind Providence which has so long preserved a life of usefulness to his fellows.

Resolved, That in the death of our colleaugne we lose a valued member of our society, endeared to us by long associations, and as a society and individually we shall cherish with grateful remembrance his fidelity to his professional principles and practice, and his virtues as a Christian gentleman.

Resolved, That a copy of this memorial and resolutions be forwarded by the secretary to the family of the deceased.

In moving the adoption of the memorial and resolutions, Dr. Watson said:

"Mr. President and Gentlemen of the Society: It was my privilege to have known Dr. Bishop for more than thirty years. During that long period, covering nearly the life time of a generation, I have always found him the earnest and conscientious physician, the genial and courteous gentleman, the humane, benevolent and honest man, ever faithfully striving to do what he considered most conducive to the welfare of his patients. None of the elder members of this society, I am sure, will ever forget the pleasant and beaming smile, the earnest and cordial greeting, and the warm and hearty clasp of the hand with which he met them. It is fitting that we should pause for a moment from the hurry and turmoil of the most exacting of the professions, and standing beside his grave, should take a brief retrospect of the past, and borrow an example of well-doing from the life of the respected brother, who, after a useful and well spent life, has passed onward, as we believe, to the better world."

OUR ADVERTISERS' PAGE.

FELLOWS' HYPO-PHOS-PHITE.

Differs in effect from all others, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

HORSFORD'S ACID PHOSPHATE.

Unanimous approval of medical staff. Dr. T. G. Comstock, physician at Good Samaritan hospital, St. Louis, Mo., says: "For years we have used it in this hospital, in dyspepsia and nervous diseases, and as a drink during the decline and in the convalescence of lingering fevers. It has the unanimous approval of our medical staff."

LISTERRINE.

Egbert Guernsey, M. D.: "I prescribe Listerine almost every day for application to the throat and nasal passage in catarrhal and acute trouble, both in the form of gargle and spray. As an injection in leucorrhœa, characterized by weakness of the mucous membrane, I have found it very efficacious, and in the offensive lochia as a vaginal douche it is much preferable to any other preparation I have used."

DIRECTIONS FOR USING BEEF PEPTONOIDS.

Hot or warm water added to beef Peptonoids renders it less palatable to most persons. Taken with milk it is exceedingly pleasant, and many relish it in this way who cannot take milk alone. Milk is much more easily digested when combined with Beef Peptonoids, as the powder to a great extent prevents the coagulation of the Caseine in the stomach. Some relish it in the form of powder alone, but it digests better attenuated; others relish it when taken with a sandwich or on toast. Soups and broths are rendered nutritious by the addition of a desert or tablespoonful of Beef Peptonoids. A paste or cream can be made with the addition of a little water or milk, and flavored with a few drops of Worcestershire or other sauce, or any other flavoring substance, and eaten with a spoon. It may be added to milk punch or egg nog. Beef Peptonoids, as now prepared, is very palatable, and it can be taken in so many ways that the most fastidious can offer no objections to it.—(Reed and Carnick.)

BROMIDIA AND PAPINE.

Dr. L. E. Waring, Ware Wharf, of Essex Co., Va., says: I have fully tested Bromidia and Papine in my practice. I am very much pleased with them. I shall continue to prescribe them as long as they give the satisfaction they do now.

THE
MEDICAL ADVANCE.
A MONTHLY JOURNAL OF MEDICAL SCIENCE.

H. C. ALLEN, M. D., Editor and Publisher.
To whom all subscriptions and business communications should be addressed.
The Editor is not responsib e for the opinions of contributors or correspondents.
The date to which subscriptions are paid will be found on the address on wrapper.

VOL. XVI. ANN ARBOR, NOVEMBER, 1885. NO. 5

ORIGINAL CONTRIBUTIONS.

HOMŒOPATHIC TREATMENT OF THE INSANE.*

SELDEN H. TALCOTT, M. D., Middletown, N. Y.

The methods employed for the restoration of the insane may be stated as follows:

1. Kindness and gentle discipline.
2. Rest as a means for physical and mental recuperation.
3. Enforced protection.
3. Exercise, amusement and occupation, as stimulants to the renewal of health.
5. Diet and artificial feeding.
6. Mental and moral hygiene.
7. Sanitary surroundings.
8. Medicine.
9. Furloughs.

1. Before Pinel engaged in his benevolent and world-famous work of liberating the chained and shackled insane at Salpetriere, Samuel Hahnemann illustrated and enforced

*From Annual Report 1885.

the law of kindness by his treatment of Klockenbring, the insane secretary of the Chancery of Hanover. Indeed, as far back as 1789, he established an asylum for patients afflicted with insanity, in Georgenthal, near Gotha. Pinel's noble work began about 1791. To show how thoroughly the founder of homœopathy appreciated the necessity for kindness towards the insane, we quote the following benign statements from his pen: "I never allow any insane person to be punished by blows or other corporeal infliction, since there can be no punishment where there is no sense of responsibility, and since such patients only deserve our pity, and cannot be improved, but must be rendered worse by such rough treatment. The physician of such unfortunate creatures ought to behave so as to inspire them with respect, and at the same time with confidence. He should never feel offended at what they do, for an irrational person can give no offense. The exhibition of their unreasonable anger should only excite his sympathy and stimulate his sympathy and stimulate his philanthropy to relive their sad condition."

No modern reformer has given expression to wiser or sublimer sentiments than those expressed by Hahnemann nearly one hundred years ago. At the Middletown asylum we seek to exemplify, both in the medical treatment and in kindness to our patients, the teachings of the illustrious "sage of Coethen." To be sure, the insane must sometimes be governed and controlled, but, while the administration of discipline is at times necessarily firm and unyielding, it should still, in every word and act, be tinctured with the essence of the golden rule. The more irresponsible the patient, the gentler and more sympathetic should be the treatment. As patients resume their normal condition they may be subjected to the wholesome influence of laws necessary for their proper government.

As loss of self-control is a prominent indication of insanity, so the resumption of self-restraint is not only a

pleasant omen but a necessity to those who are progressing toward recovery. Physicians, supervisors, attendants, and all who come in contact with the patients here are enjoined and urged, repeatedly, to control themselves and then to bestow upon the suffering, continually, the blessed balm of kindness. The violation of the law of kindness is punished more promptly and more severely than the violation of any other rule.

2. When a new patient is admitted to our wards the first question that arises is: "What shall be his treatment?" Several years ago, during our early experiences in these matters, we allowed most of our patients to be up and dressed during the day, and perhaps, violently exercising in the wards, and, as we now believe, often to their detriment. Recently we have inclined to a change of tactics, and we have come to regard rest in bed as a very important primary measure for the cure of our patients. A popular notion prevails that the insane, especially those who are unduly active on account of their insanity, should be made to labor, or at least to engage steadily in some light occupation. This notion should be qualified, if not altogether expelled from the minds of thoughtful people. The time may come, in the course of an insanity, when occupation and labor are proper; but at the outset it quite often happens that the insane man, like a runaway horse, needs, more than any thing else, a check and a curb, and the interposition of means stronger than his own disturbed and erratic will, for the purpose of conserving his fast-waning physical powers. When a person feels the first insidious approaches of insanity, he often becomes sleepless and spends his time, both night and day, in restless wanderings, in undue attention to business affairs, or in fierce indulgence in the study and contemplation of abstruse subjects. Such is the dire influence of this unwholesome disease that the victim, even after a sleepless night and while needing rest more sorely than ever before, will plunge inordinately and

recklessly into the whirlpool of daily affairs. Under the spur of disease he thinks faster, talks faster, works faster than is his customary wont. Occasionally, after a brief period of such undue exercise, the patient becomes depressed, apathetic, melancholic, inert. But in many cases this excessive exercise produces an erethism of the nervous system which, even in the last extremity of profound exhaustion, impels to further exertion of body and of mind. Thus we have, in a short time, the full development of an acute mania, or of an excited melancholia. The patient finds no rest either night or day. His ideas are evolved from a super-heated brain, with rising and increasing vehemence, as flames shoot up from burning oil. There is a constant and electric repetition of the same ideas. They appear with the rhythm and rapidity that characterize heat waves from a white-hot furnace. The destruction of life forces under such circumstances is appalling. The weight and tone, the vigor and life of the patient rapidly melt away before the onset of this fierce disease. Exercise under such circumstances is as oil upon flames; it merely increases the destruction, and enhances the danger. Occupation is simply a bellows which fans the fire. To save the patient's life and to restore him to health it is absolutely necessary, not only to avoid exercise and occupation, but to enforce profound rest and thus subdue the environing danger. We have known patients to die from sheer exhaustion because those having them in charge did not sufficiently perceive their physical weakness, nor enforce measures for protecting such patients against themselves. Those who are now admitted to this asylum, while in danger of speedy death from the exhaustion of over-exertion, are obliged to accept enforced rest. They are at once compelled to yield an implicit and soldierly obedience to Macbeth's command to Seyton: "Get thee to bed."

Everybody recognizes the necessity for enforced rest in cases of pneumonia or typhoid fever. Insanity, when stripped

of the husks of superstition which environ it, is found to be just as much a physical disease as small-pox or scarlet fever. The existence of physical disease is sometimes not so apparent in insanity as in erysipelas, but it exists, nevertheless. For some time past we have practiced enforced rest in cases of mania, melancholia, and paresis, where the conditions are excessive restlessness, loss of appetite, and rapid wasting of the vital forces. Our experiences have demonstrated the value of rest, to such an extent that we tend more and more toward this, the true hospital system of treating the insane. Our critical and exhausted cases are now put to bed and kept there until the mind is calm and the body sufficiently strengthened to admit of a gradual renewal of the ordinary exercises of life. When first placed in bed the patient may, for a short time, be unusually restless; but after a few days a marvellous quiet steals over the senses, and the partient submits readily, to the exigences and the demands of the occasion. If permitted to be at large, the excitability would increase to an almost unparalleled extent, and would continue for an indefinite period. But enforced rest brings the most prompt and satisfactory relief.

3. Enforced rest, or enforced protection, is most satisfactorily secured by the use of a waist similar to a dress waist. To this waist are attached long sleeves and padded mits in front, and bandage-like attachments on the side. These bandages are fastened to the bed in such a manner that the patient may lie on his back or on either side, but he cannot rise and walk about. The body and limbs are held in place by what we call a "protection sheet." This sheet covers the entire bed and is fastened at the sides and at the end. The upper part is cut in a semi-circular shape so that the head and neck of the patient are free. The arms of the patient pass through suitable openings in the sheet and are left free and unrestrained. The beds which we use for these patients are made of ordinary pipe frame-

work between the ends of which is stretched a woven-wire mattress; over this is a felt or hair mattress. Aside from the protection sheet, all the bed clothing and appurtenances are of the usual variety.

When thus subjected to enforced rest, the patient can harm neither himself nor those about him. The circulation of the blood is rendered as free and easy as possible. Respiration is unimpeded, which is not always the case when a camisole or muff is used. The outlook is cheerful, for the patient's surroundings may be as pleasant as those in a bright parlor. In this situation the patient is enabled to take an abundant supply of restorative food, and the process of repair may thus go on with the least possible interfence.

The indications of improvement are as follows: First, a subsidence of mental and physical excitement; secondly, an improvement in the appearance of the skin, which loses its dryness and roughness and becomes soft and natural; thirdly, a mellow lustre and clearness of the eye, in place of the former blood-shot and staring appearance; fourthly, a steady and substantial gain in bodily weight; fifthly, an increase from night to night or from week to week, in the number of hours of sleep attained.

While these patients are kept in bed they require an extra amount of careful nursing. They are daily sponged with alcohol and water and their bodies thoroughly rubbed; and in some instances, the muscles, particularly of the extremities, are thoroughly manipulated every evening by the nurses.

The use of former and common restraints have been almost entirely dispensed with at this asylum. The muff is only occasionally, and the camisole but rarely employed; instead, we use what is best termed "enforced protection." The method has been already described. While this enforced protection retains the patient in bed, it has none of the repulsiveness of the heavy leathern muff, or of the

strait-jacket. The treatment is simply that which is accorded by the mother to her restless child when the clothes are tucked about it so closely that it cannot kick them off. It is the same protection that is accorded to the fever patient, with the exception that the canvass sheet keeps the clothing in place and the patient properly covered in lieu of the hands of watchful neighbors and friends. The protection sheet does the work of two attendants, so far as retaining the patient in bed is concerned. Without it some cases would require two attendants during the daytime and two during the night. Very few counties or individuals can afford the luxury of paying for four attendants to a single patient. Nor would the four attendants be any improvement over the methods we have adopted. After the patient has been bathed, and fed, and prepared for the day or the night, the protection sheet does all that the hands of attendants could do in protecting the patient from harming himself or others.

Enforced rest is continued until the patient sleeps well at night; until he has gained several pounds in flesh; until the skin becomes soft and natural; and until mental irritability has, to a considerable extent, passed away. Then the protection sheet is removed, and self-control is encouraged. Soon the patient begins to sit up a short time each morning. As he gains in strength, the time for sitting up is gradually lengthened. After having made a fair start upon the road to recovery, he is at first amused and occupied by conversation with the physicians and attendants, by looking over pictorial papers, and by short readings in light literature. Lady patients, while being subjected to this treatment, often engage in crocheting or other light handiwork.

4. From amusement and occupation, which are not in any sense a toil, the patients pass gradually to the resumption of the functions of exercise. At first they are allowed to take short walks about the ward or in the day rooms;

they are allowed to play on the piano; to play cards or dominoes with their fellow-patients, or to exercise at billiards. A little later they are permitted to take strolls upon the grounds. The exercise of walking is slowly increased until the patients are sufficiently hardened to engage in some useful occupation, such as working on the wards; in the laundry, folding clothes; in the greenhouse, cultivating flowers; or in the garden, working among the vegetables. By such a course of treatment we have had the pleasure of seeing many apparently hopeless cases, after long periods of rest and nourishment, rise from their sick beds and progress to genuine and substantial recoveries. The process which we have outlined is sometimes completed in three months, and sometimes a year or more elapses before the desired result is obtained.

Concerning the abor question, we presented in the eleventh annual reportthe following paragraph: "After rest, after sickness and enfeeblement, come naturally the recuperative and recreative influences of exercise through moderate toil. We find that, even to the feeble, employment may have its beneficent uses. Yet in the administration of labor, as a species of medicament, we must individualize each particular case, and prescribe only such homœopathic doses as shall insure the most beneficial results. When taken in excess, toil inflicts the most disastrous effects and destructive penalties. Overwork as well as overworry, sends many a shattered wreck of humanity to an insane asylum. When applied, then, as a means for restoration, labor should be given in very moderate doses, and its effects should be closely watched; and the drug of toil should be withheld upon the slightest symptoms of unfavorable aggravation.

If a patient is strong physically he may, ordinarily, be placed at regular employment; yet there are exceptions to even this apparently general rule. Though possessed of great vital powers, the patient may be in that peculiar con-

dition, where, if placed at work, his brain, instead of being soothed becomes super-heated, so to speak, and thus the very act of exercise aggravates the mental derangement, until it reaches mighty and uncontrollable proportions. Absolute quiet, and freedom from every form of exciting exercise, are sometimes the most important means with which to tone down, to a normal health level, a hyperæmic and over-stimulated brain. It is not safe, therefore, to say that because an insane man is strong he should, as a natural consequence, be made to work; since labor may be the most injurious affliction to which he can be subjected. Rare discretion, good judgment, and the wisdom of experience must be exercised in behalf of the strong as well as the weak who are insane.

Among recent or acute cases we find but a very small proportion who can with any safety engage in any kind of labor. Those who are excited are generally incoherent in action as well as speech, and as a rule their attention cannot be fixed upon work long enough at a time to produce the slightest benefit either to themselves or others. Moreover, such patients are utterly unreasonable, irresponsible, and dangerous to those around them; and we do not consider it wise to place tools, which may be used as murderous weapons, in such hands. Those who are mentally depressed are often inclined to self-injury, and hence should not be trusted with sharp tools, which might be used as means for committing suicide.

After the primary outburst of insanity, whether the manifestations are of exaltation or depression, when the patients have either subsided to a moderate calm, or risen from the depths of despondency to the plane of apathy or indifference, then the question of labor becomes practical and momentous. At this juncture, suitable employment may conduce to a gradual but steady return to a normal coherence of thought and action. And the patient, by anchorage to steady work, may be saved from the stormy bourne of

chronic mania, or from being drifted out upon the trackless ocean of dementia.

Now in dealing with the two principal classes under our charge—the 'pauper or indigent' on the one hand, and the 'private patient' on the other—we have still another complication to meet, in the harmonions adjustment of both to the question of labor. The poor are accustomed to toil, and naturally expect such an assignment. Still, when placed as patients in an asylum, they frequently feel in their hearts the old warrings of the opposing classes in society; and assume that now, if never before, they are the equals of their hitherto more fortunate and more prosperous neighbors. Hence they object to work unless their fellow patients of the paying class are compelled to toil, side by side, with them.

Private patients, who know that their friends are providing for them, also feel that they have a right to assert what was in the outer world an undisputed superiority; and, knowing that they cannot be compelled to labor, they sometimes obstinately refuse to engage in such occupation as would most surely tend to promote their restoration to mental health.

In harmonizing these classes, that they may work together for a common good, the skill and tact of the superintendent of an asylum must be constantly tested and judiciously exercised. The poor, but proud, must be made to feel that they are employed, not for purposes of profit to the institution, but for their own self-help. The rich must be taught the lesson that labor is honorable for all; that occupation for the capable is a prime necessity of nature; and that it is furnished, not to weary or degrade, but to act as a needful diversion—a means which may contribute most effectively to speedy and permanent recovery.

That toil is not only a fulfillment of the primal curse, but likewise the normal condition of mankind, we have novel evidence in the fact that when the insane recover,

they eagerly seek to renew acquaintance with that work for which they were previously fitted and trained. To encourage the convalescent insane to take up light and agreeable employment is, therefore, to lead them back into the paths, the pleasures and the prosperities of their normal, mental and physical life." Our views upon this vital question, as expressed in 1881, have been confirmed by our experience since that time.

5. After many experiments we have arrived at the conclusion that the most satisfactory diet for the insane, while in a weak, debilitated condition, is the use of abundant quantities of milk (either hot or cold), of beef-tea, and of toasted bread. Very weak patients are treated to hot milk; those who are stronger, and have a preference, may drink theirs cold. This liquid diet is given at intervals of about three hours, beginning at six o'clock in the morning and ending at nine o'clock at night. If the patient is sleepless and very much excited, so that exhaustion is feared, the diet is continued every three hours throughout the twenty-four. The milk and beef-tea are given alternately, and toast is allowed once or twice a day. If patients refuse to accept proper nourishment, we resort to artificial feeding.

In 1878, we wrote, for the eighth annual report, the following: "The difficulties often attendant upon feeding those who obstinately refuse to take food, happily suggested to Dr. N. Emmons Paine (my assistant at that time) the idea of using the soft rubber catheter of Nelaton as a nasal tube for the injection of proper nourishment. As the ordinary catheter was rather short for the new purpose to which it was diverted, longer ones were ordered from Tieman & Co., of New York, and these have been in frequent and successful use for several months without accident. This form of feeding has proved itself the easiest, safest and speediest of any to which we have resorted, and will doubtless become popular both in asylums and in private practice. It can be rendered serviceable in cases of tetanus

fracture of the jaw, and paralysis of the throat, as well as cases of insanity. An ordinary Davidson's syringe, the small nozzle being inserted in the open end of the catheter, is all the force-pump that is required."

From 1878 to the present time we have fed, without serious difficulty, through this soft rubber nasal tube. Milk, beef-tea, gruel, Mellin's, Horlicks', and Nestle's food, fat soups, cod-liver and olive oils, and even melted butter or lard may be thus administered. One of our patients was fed with a nasal tube three times a day for eighteen months; then she sat up in bed one morning and asked for solid food, which was given her. She ate so enormously from that time on that she gained forty-seven pounds of solid flesh in a single month; she recovered and went home strong and happy.

As the patients who are receiving a course of treatment with liquid diet increase in weight, and as their natural cravings for solid food return, we begin in a gradual manner to administer eggs, beef-steak, lamb-chops, chicken, fish, vegetables, fruit and bread; yet all the while the liquid diet is continued. Among green vegetables there are none more acceptable or more valuable than the common lettuce; it is a vegetable whose value as an article of diet is not half understood or appreciated. With this vegetable may be pleasantly administered considerable quantities of salad oil; the latter is a valuable addition to the diet of a patient whom you wish to fatten. Lettuce is not only a good article of diet, but it possesses mild yet valuable medicinal properties; it exerts a tranquillizing effect upon the nervous system. From May till November our tables have been daily graced with an abundance of fresh lettuce from the garden, in addition to from two to four varieties of other and perhaps more substantial vegetables from the same source.

To make an insane person fat, and at the same time to stimulate to renewed vigor the mental faculties (lest a pos-

sible dementia should supervene), is the most certain method for restoring the insane; consequently, every fat-producing food that can be taken without distress should be given. These fats may be administered to the best advantage in association with appropriate vegetables. Nearly every one of our patients consumes two ounces of butter per day.

Patients who have been addicted to the excessive use of intoxicating liquors should be fed upon milk, and soups containing beans, peas, lentils, or macaroni; after convalescence is fairly established, a farinaceous and nitrogenous diet should be continued. Oatmeal or cracked wheat and milk for breakfast, and baked beans or bean soup for dinner, should be the prevailing fare. New England witnessed an intense conflict, for more than one hundred years, between rum and baked beans, with a final and majestic triumph in favor of the latter.

Every insane person should have, at all times, free access to fresh water for drinking purposes. Those who are excitable will often drink considerable quantities, and, not only without detriment, but with positive benefit. Among the aged we find that fresh buttermilk, given *ad libitum*, produces favorable effects. Tea and coffee are often craved, from force of habit. If allowed, as they frequently must be, the quantity and strength should be carefully regulated; if practicable, they should be dispensed with altogether.

6. Every one who desires to treat with success the insane should study the principles of mental and moral hygiene. Quite a large number of young people find their way to asylums tor the insane. These patients are often the victims of imperfect mental cultivation and frequently are far below the normal standard of moral tone; for such, a system of education is inaugurated. They are encouraged to study books, to read histories, to learn poetry, and sometimes they make rapid progress in education while being recovered. The moral tone of such is elevated by good

injunctions from their physicians and attendants, by non-sectarian and exalted teachings, and by oft-repeated Gospel precepts of a general nature. Through these they gradually recognize their own short-comings, and their natural and proper relationships to their fellow beings in the community. It is often necessary to teach these victims of moral impairment a just and natural love for their parents, for their brothers and sisters, and for their friends and neighbors. The principles of the golden rule and the eleventh commandment are constantly taught to the young insane at this asylum; they are also instructed as to the forms and usages of society, in the weekly dances and the occasional parties which occur on the wards at intervals throughout the year. At these dances and parties both sexes mingle freely, pleasantly and harmoniously, and the refining influences of such association are steadily noted.

Just here we may state that both suicidal and homicidal patients often need instruction and moral encouragement for purposes of self-control, and for the purpose of avoiding the commission of the most serious crimes of which man is capable. The homicidal patient often needs seclusion for purposes of reflection; but while in seclusion, his mind must be directed to a contemplation of his general relationships to those around him. Suicidal patients, on the contrary, must always be asociated with others and never left alone. They are constantly watched by the attendants, and likewise kept with such patients as will likely exert a beneficial influence. We have long since come to the conclusion that the associated dormitory is the best and only true place for those inclined to self-destruction. The insane seldom attempt suicide in the presence of others, but if they do, they can usually, if watched closely, be prevented from accomplishing their desires. One great danger relative to suicidal cases is that of relaxation of vigilance when patients seem to have nearly recovered. Until such suicidal patients have passed into a

condition of unusual hilarity, until they have risen above their own normal health standard, it is unsafe and unwise to trust them. This powerful reaction from their depression is quite noticeable in a considerable number of cases.

7. Sanitary matters require special attention in every asylum. Fresh air in all portions of the institution is of prime importance. Each room in each pavilion of this asylum is in direct communication with the open air, by means of a brick ventilator, open on the sides, yet roofed for protection from rain. This ventilator connects with a subway running the entire length of the structure; and from this subway special open shafts extend to each room in the house. Steam coils are placed in the basement, and over these coils the fresh air from the central ventilator and subway passes directly to the rooms. By this means a constant current of warm but pure air is supplied to every room and hall in the buildings. Ventilating shafts, for the carrying off of foul air, extend from every room to large ventilators in the roof. The wards are so thoroughly ventilated and supplied with fresh air that it is unnecessary to send the patients out for a walk in very stormy weather. Each floor in the pavilions is supplied with four protected piazzas where patients take mild exercise, or where those who wish may indulge in the luxury of smoking while they read their morning papers. Every room and ward in the asylum is open to the admission of sun-light. Sun-light is as needful to the insane as to plants and grasses of the field.

The buildings are cleansed constantly, by the abundant use of pure water. Disinfectants are used but moderately, for we believe, with Florence Nightingale, that it is not so much the foul odor as the thing that produces it which should be expelled. When disinfectants are needed we use, principally, thymol, Platt's chlorides, copperas, and to a very limited extent, carbolic acid. Benzoic and other acids are occasionally employed. A solution of cologne water and salicylic acid is sometimes used upon a patient

who may chance to have an unusually disagreeable odor. But water and scrubbing are the chief reliances. The floors are kept in order by the use of raw linseed oil mixed with turpentine, four parts of the former to one of the latter. This preparation is lightly applied and the floors are then "holystoned" with heavy blocks of wood covered with old blankets. To these are attached long handles for convenience in using. In this way the floors are kept polished and clean.

The heating of the pavilions is principally by indirect radiation. The main building is heated by both direct and indirect radiation. Steam heating is best for preserving a proper temperature in public buildings.

Water for the institution is supplied from the Monhagen lake, an artificial reservoir of considerable extent, which likewise supplies the village of Middletown. Each building has in the attic a tank containing over ten thousand gallons of water. These tanks are constantly filled by the steam pump, located in the boiler house. Water for drinking and cooking purposes is supplied from excellent wells on the premises.

As the land slopes in every direction from the buildings drainage is an easy matter. Every water closet, bath-tub, and lavatory is carefully trapped. The sewage empties into a large cess-pool, built of brick without cement,—in circular form, arched on top,—which is thoroughly ventilated. The liquid portion of the sewage is filtered through charcoal and sand; the solids are retained and used for enriching the farm. Sewer-gas passes away from the building through pipes running from the basement to ventilators on the roof. These pipes connect with all water-closets, wash-sinks, bath-tubs, and lavatories. The surplus heat in the attic produces a draft, and aids in the speedy removal of sewer-gas.

8. Medical treatment of the insane. The profession at large is entitled to the benefits of special and extensive

experiences gained in the treatment of particular diseases in hospitals and asylums. Therefore we feel it our duty to report, with the results attained, those medical methods which have been here employed.

Every effort in the field of medicine should be directed by some pre-conceived and well-matured plan. The general principle which is involved in our methods is, that which is embodied in the law of similars. In treating the insane we seek invariably to comply with the precepts of that law. We use, as a rule, such drugs as have been hitherto proved upon healthy persons. The effects of these drugs have been recorded in our Materia Medicas. These provings are sometimes imperfect and incomplete. Very few healthy persons are willing to experiment with a drug to the extent of producing absolute and well-defined insanity. Hence the difficulty in finding appropriate remedies for the treatment of this disease. Still, in the provings which we have we find evidences of at least functional brain disturbances and disordered intellection. In the direction indicated by these provings we push on with practical experiments into the well developed pathological field. Our line of march, either in the discovery of a drug's action and powers, or in the diagnosis of any disease, is over that broad pathway which finally encompasses the "totality of symptoms." Certain drugs like Alcohol, Belladonna, Hyoscyamus, Opium, Hashish and Stramonium rise to prominence on account of the delusions, hallucinations, and illusions excited by the persistent use of these drugs by the healthy prover. When a very active and poisonous drug is used the artificial symptoms produced may correspond to a marked extent with those excited by the development of insanity. The more violent the action of the drug upon the physical system, the more positive is the mental disturbance. In our treatment of a given case, the "totality of symptoms" is discovered, if possible, and then a drug which is capable of producing upon a healthy person symptoms most similar to those presented by the patient is administered.

This is the direct method of prescribing homœopathically. But not every battle is won by a direct attack upon the enemy's works; flank movements are sometimes necessary. In the treatment of insanity flank movements are made; first, when we seek to control the condition of the brain by modifying the action of the heart and the circulation; secondly, when we apply remedies to act specifically upon some organ of the body other than the brain, and where the exciting or irritating cause of insanity seems to exist; thirdly, when we give constitutional remedies for the purpose of checking unnatural waste, or for the purpose of promoting constitutional changes which look toward the renovation or rebuilding of the system. Again, the condition of the blood is sometimes considered, and while dependance must very largely be placed upon appropriate food for a necessary supply of the vital fluid, we may yet, by appropriate medication, induce favorable changes in its character and composition. In the treatment of a long-continued and disintegrating disease like insanity it is often needful to give a succession of remedies. Consequently, we frequently begin with such drugs as favorably affect the circulation, modifying it, and also restraining or removing tendencies to congestions and inflammations, and to their natural (if uninterrupted) results; then follow remedies most appropriate for the improvement of the condition of the blood itself. Again, remedies for the relief of diseases in special organs and for the general repair of tissues throughout the body, and for the healthful stimulation of the nervous system, are administered. These flank movements are made from necessity, but always in harmony with the main attack; always in accordance with those forces which are moving toward certain results on the general and unbroken line of the "totality of symptoms." The difficulty of presenting a single remedy that shall complete the work without adventitious aid, in a given case of insanity, is appreciated when we consider the fact

that the manifestations and symptoms in this disease are both protean and multitudinous. Hence we seek to conquer the antagonistic insanity, not alone by direct advances but by flank movements as well, and we seek to strengthen our position constantly by every possible reinforcement.

Sometimes when the symptoms of a given case are few, indistinct or unattainable, we are obliged to select such remedies as seem applicable generally to that class of cases.

The primary and secondary actions of drugs must receive likewise due attention and consideration.

The actual physical and mental states in each case must be thoroughly explored and their special peculiarities discovered.

With these preliminary statements of our plan we shall proceed to name a few of the most prominent and successful remedies which have been employed at this asylum and to describe the indications upon which their use is based. In some instances we shall contrast two or more remedies, that the reason for the selection of either may be more clear. Aconitum nap. naturally heads the list. It expends its force upon the cerebro-spinal system and the result is an undue arterial activity. The capillaries, under the influence of Aconite, are speedily paralyzed; congestions follow; but as the affects of Aconite are transient, severe inflammations are not usualy induced. The patient for whom Aconite is indicated is a recent case; is usually the victim of some intense shock; is full of fear and mental anxiety; is afraid of the dark; is afraid of ghosts; and is intensely afraid of what he believes to be approaching death.

As fear and apprehension are common symptoms among recent insanities, we here interject the names of several drugs which produce such symptoms, together with the special nature of the fears which each drug excites.

Arsenicum is afraid of the ghosts which the patient sees both day and night.

Aurum is afraid of the slightest noise.

Bryonia is afraid that his business will go wrong.

Calcarea carb. is afraid of some impending misfortune, or evil. Fears others will think her insane.

Hyoscyamus is afraid lest the object of affection should prove untrue. These fears of jealousy produce excitements which sometimes end in convulsions.

Ignatia is fearful because, prostrated by one grief, the patient broods over and anticipates more to follow.

Lilium tig. is afraid of impending disease or calamity; fears she has heart disease; fears she is incurable; fears insanity.

Nux vom. is afraid of death, coupled with inclination to suicide.

Sepia is afraid to be alone; has fears lest her health should be lost; has fears about domestic affairs; and is full of fears concerning imaginary evils.

Stramonium is afraid of every object in view, apparently from the fact that by illusion he sees in every harmless object horrible images or ferocious animals; is afraid of being left alone in the dark.

The action of a drug upon the brain and mind may not only excite fear, but every emotion of which the mind is capable may be either exalted or depressed by such artificial means. The effects of alcohol, of opium, and of hashish are evidences of this fact. Producing, as such remedies do, pathological conditions of the brain and abnormal states of the mind, they may be used effectively, by appropriate application, for the relief of such states and conditions as are often found to exist among the insane.

Supplementing Aconite as a fever remedy we may name Baptisia, Gelsemium and Veratrum vir. This group embraces some of the most important remedies for the treatment of insanity. Veratrum vir. is more nearly associated to Aconite, by similarity of symptoms, than either of the others. A somewhat exalted, apprehensive and restless

condition exists under the influence of each drug; but, on the one hand, the Aconite restlessness is accompanied by the most intense mental excitement, while on the other the Veratrum vir. patient manifests only excessive physical unrest, but mentally he is comparatively indifferent. The Aconite patient has intense and eager thirst; the Veratrum vir. patient has a dry, hot mouth, but the thirst is very moderate, probably from mental indifference. Baptisia acts not only upon the casserion ganglion of the sympathetic nervous system, but likewise upon the blood, the vascular system, and the mucous membranes. As a curative remedy for insanity its value is not half known. From the loud delirium of acute mania to the abject dullness of melancholia with stupor, it works with a master hand.

The Baptisia patient is somewhat restless, like Aconite and Veratrum vir., but mentally is more stupid than either. Baptisia may be used in cases where there is rapid and profound physical degeneration, simulating the typhoid state, and where the patient manifests that peculiar mental symptom that he "cannot get himself together." It is a singular fact that many insane patients have this delusion that their bodies are scattered and that they cannot keep themselves in a condition of physical continuity.

Gelsemium is a useful drug in those cases which have become insane after protracted overwork and anxiety; after continued watching over the sick, with consequent loss of sleep; or after having indulged in intoxicating drinks to excess. These patients complain of dull, heavy pains in the head and neck; and they suffer from intense prostration of the muscular system. There is profound dullness of the mental faculties, and a tendency to melancholia. Occasionally such patients rise to a condition of anxiety and incoherence, and then relapse again into a stupid, comatose condition.

Another important quartet of remedies is composed of Belladonna, Hyoscyamus, Stramonium and Veratrum alb.

Probably no remedy in the Materia Medica possesses a wider range of action, or greater powers for dispersing abnormal conditions of the brain than Belladonna. Its symptoms are clear, well-defined, unmistakable. Its action is sharp, vigorous and profound. It is the powerful supplementary ally of Aconite in removing the last vestiges of cerebral congestion; and beyond this, it subdues with surprising efficacy the processes of inflammation. The Belladonna patient has a bright, flushed face, dilated pupils, and throbbing arteries. He has a mental condition which manifests itself by most positive ebullitions of rage and fury. He attempts to bite, to strike, to tear clothes, to strip himself naked. Belladonna develops two distinct mental stages; one where the mental powers seem to be unduly excited and exaggerated, and all the symptoms of merry or enraged craziness are manifested; and the contrary state where the patient passes into a stupid and dazed condition. In the latter condition the pupils remain widely dilated; the eyes are staring and insensible to light; there is heavy, stertorous breathing; the face is a purplish red; the patient refuses to speak; there is a marked rigidity, or steady tension of the muscles; and occasionally there is a low, muttering delirium.

The Hyoscyamus patient is less excitable and frenzied than the Belladonna patient. She is very talkative, however, and generally good-natured and jolly. She is inclined to destroy clothing, to be obscene, and to expose her person. Hyoscyamus is frequently applicable in the treatment of insanity among women.

It may be stated of Sramonium that it possesses the power of deranging the sensorium and the cerebral nerves to a most remarkable extent. The delirium induced by this drug is more violent than that caused by Belladonna. It likewise produces more intense mental excitement than Hyoscyamus. The neurotic powers of Stramonium are mostly expended in the sensorium, hence the mental disor-

ders that we find after its administration. The mental symptoms of Stramonium are numerous and striking. The imagination holds high carnival; the patient has hallucinations of sight and fancies that he sees all kinds of animals, particularly those of a ferocious nature. The patient has a strong desire for light and for company, and is exceedingly frightened when left alone in the dark. At one time there is intense sexual excitement; and, again, a profound tendency to religious matters, when the patient sermonizes, prays and converses with spirits. At times the Stramonium patient passes into a condition resembling hydrophobia, when water, a mirror, or anything bright tends to excite convulsions. Many of the prominent symptoms of mania and melancholia are manifested under the influence of Stramonium. Veratrum alb., while acting particularly on the gastro-intestinal canal, still affects with great power the cerebro-spinal system, and induces a tendency to convulsions and paralysis. The primary effects of Veratrum result, mentally, in depression, in delusions of impending misfortune, and in a sullen indifference to the kind attentions to others. Physically, there is great prostration of the vital forces, a cadaverous coldness of the extremities and profuse clammy sweats.

From these depths the patient soon recoils, and swings into a frenzy of excitement, during which he indulges in terrible shrieks, in expressions of fright, and in violent cursings of those around him. The excitement and anguish of the Veratrum patient are short-lived. He soon passes into a condition of the deepest melancholy, of abject despair of salvation, of imbecile taciturnity and complete prostration of both body and mind. The extremities are cold and blue; the features are pinched and pitiful; the eyes have a vacant and stony stare. The patients incline to wander from home; they are restless, but aimless in their wanderings. The indications for the special use of this drug are clear and well-defined. Veratrum alb. has been famous for

the curing of insanity for more than three thousand years. Melampus cured the daughters of Proetus, king of the Argives, of amorous and wandering mania with Veratrum alb., and that, too, some fifteen hundred years before the Christian era. He administered the drug homœopathically; for he simply gave his patients to drink of goat's milk from goats fed upon the leaves of Veratrum, and thus he secured a proper dilution of the drug.

Having named a double quartet of the most important and effective remedies for the treatment of insanity, together with the general indications for their use, we now present a supplementary list of remedies which are valuable, but not as frequently called for in every-day practice as those already described.

For mania we give, (1) Atropine, Cannabis ind., Cantharis, Lachesis, Nux vom., Rhus tox. (2) Agaricus mus., Anacardium, Arsenicum, Bryonia, Camphor, China, Cuprum, Digitalis, Kali brom., Mercurius, Phosphorus, Piscidia, Platina, Pulsatilla, Secale, Spigelia, Sulphur and Thuja.

For melancholia, in its various and general expressions, we employ Arsenicum, Aluminium, Arnica, Aurum, Cactus, Calcarea carb., Causticum, Chamomilla, Cicuta, Cocculus ind., Crocus, Digitalis, Ignatia, Lycopodium, Lilium tig., Natrum mur., Nitric Acid, Pulsatilla, Sepia, Silicea, Stannum, Tabacum, Antimonium tar.

The method of selecting drugs for the cure of the insane has been illustrated in our description of a double-quartet of medicines. The remedies just named are selected for use upon the same plan and in accordance with the symptoms which they produce, as recorded in the Materia Medica.

From the multiform varieties of mélancholia, we may select three prominent classes for special mention, namely:

(1) Melancholia with religious tendencies. (2) Melancholia with suicidal tendencies. (3) Melancholia with stupor.

The most common remedies for the relief of those suffer-

ing with religious melancholia are Arsenicum, Aurum, Crocus, Lycopodium, Pulsatilla, Stramonium, Sulphur, Silicea, Veratrum alb. and sometimes Zincum and Psorinum.

Suicidal melancholia is the most distressing form of insanity to treat. The remedies which produce favorable effects in behalf of this deplorable condition are few in number and sometimes uncertain in their action. Yet we have been enabled to secure many good results by the faithful use of Arsenicum. Sleeplessness, loss of appetite, loss of flesh; a pale, cadaverous countenance; a dry, red tongue; thirst for small quantities of water at frequent intervals; exceeding restlessness, despair and a persistant desire to destroy life or to mutilate the body, are indications for the use of Arsenicum. Physical exhaustion to the extent of producing mental distress, seems to be the exciting cause of the self-destroying tendency in such cases.

Aurum is suicidal, because the patient fancies that his friends are untrue to him, or that he has lost the love of his associates, which he formerly possessed.

Belladonna is suicidal on account of the depression and disgust of life produced by the action of the drug. The remedy is applicable to suicidal tendencies in patients suffering from violent and acute alcoholism.

China desires to commit suicide because the patient feels weak from exhausting disease, and is consequently discouraged and unhappy, and feels that he is tormented by everybody.

Ignatia is suicidal by reason of the fact that intense grief has seized upon the heart, and there is a desire to be released from what seems to be a perpetual burden of sorrow.

Laurocerasus produces such indolence and indisposition to either physical or intellectual labor, that the patient becomes suicidal from a mere disgust of life.

Nux vom. is useful when overwork and an abuse of spirituous liquors have produced apprehensiveness and suspic-

ion of those around him, and consequently the patient cherishes a strong propensity to suicide. Mental recklessness, desperation and hot, irritable tempers characterize such cases.

Pulsatilla is greatly concerned about domestic matters, about business and about her health. These troubles are followed by anxious, conscientious scruples to such an extent that the patient at length becomes suicidal, particularly so in the evening, and the mode of death usually selected by such a patient is drowning.

Secale cor. is the victim of discouragement, loss of strength, and apprehension concerning the future. Hence arise tendencies to maniacal excitement, during which the patient desires to end life by drowning.

Sulphur indulges in despair of salvation, and in sadness about his own physical condition; and for these reasons desires to die.

The chief remedies for melancholia with stupor are Baptisia, Belladonna, Gelsemium, Apis and Opium.

For dementia we rely upon Anacardium, Apis, Calcarea carb., Calcarea phos., Hellebore, Kali iod., Mercurius, Mercuric-methide and Podophyllin.

While a cure of general paresis cannot reasonably be expected, that fatal disease may be relieved, its worst symptoms mitigated, and a fatal termination postponed by the use of Alcohol, Agaricus, Arsenicum, Belladonna, Cuprum, Nux vom., Mercurius, Phosphorus and Veratrum vir.

For insanity where masturbation is a prominent and distressing symptom, we have administered internally, Agnus cas., Damiana, Cantharis, Biniodide of Mercury, Nux vom., Phosphoric Acid, Picric Acid, Selenium and Staphisagria. The most effectual remedies have been Picric Acid and Cantharis.

In female patients we have secured some favorable results by local applications of Hydrastis, of Calendula, and of Carbolic Acid.

Where we invoke the aid of more than five hundred different remedies, we can, in a report of this nature, but briefly outline the indications for the use of a very few of the chiefest and best. As we said at the outset of this section, the "totality of symptoms" is the chief guide in the selection of a drug. When this totality is not attainable, we approximate as nearly as possible to that end. And, as we have stated, besides making a direct attack upon the enemy along the entire front, we make diversions and flank movements when these offer any promise of success.

WHAT CONSTITUTES A SCIENTIFIC PRESCRIPTION?*

E. R. EGGLESTON, M. D., Mt. Vernon, Ohio.

It includes: 1. *A remedy or remedial measure which antidotes, or neutralizes, or counteracts the cause.*

Atmospheric, meteorological, and climatic conditions, are causes of disease; unsanitary conditions, unhealthy or badly prepared, or unseasonable or unreasonable food, and contaminated water and other drinks, are causes also; epidemic conditions, accidents, hereditary and acquired taints, are also causes of disease. Are we to treat morbid states resulting from such diversified causes upon the one undeviating principle or method, that of their symptomological similar? *Dolor*, *calor*, and *rubor* may appear in some phase of the disease resulting from every cause specified; and shall pain, heat, and redness form the basis of a prescription, whatever their origin, or whatever organ or tissue they may involve? They manifest conditions acute and chronic, benign or malignant; are metastatic, migratory or fixed;—is it immaterial? Are there no relations which their stability or other characteristics bear to the application of their curative?

* Read before the Ohio State Society.

Causes determine the characteristics of diseases, and should determine the similarity of their remedies;—or, the characteristics of remedies should harmonize with the characteristics of causes.

2. *A remedy or remedial measure which harmonizes with the natural principles involved, be they mechanical, chemical, or dynamical.*

It is probably open to suspicion that our practice does not so strictly individualize among these principles as to place itself above just criticism. To illustrate: Nature is usually fully competent to discharge an abscess, if left alone; but the early and free use of the bistory hastens the process, saves suffering, and protects against toxic results —the conservator, *par excellence.* Which is the better practice, to prescribe the similar to the array of symptoms presented, or the *indicated* remedy?—the books to the contrary notwithstanding. Again, an overloaded stomach agonizes to discharge itself. The effort produces well-defined and distressing symptoms, which are so-called characteristics of certain drugs. Which is the better practice, to assist the stomach to unload itself, or, by quieting its struggles, to urge onward the abnormal mass, facing the possibility of equal if not severer trouble in other portions of the digestive tract? To my mind no "similarity" appears, for during the proving of the chosen remedy an overloaded stomach was neither condition nor concomitant. I cannot bring myself to believe that there is a scientific shred in a prescription that seeks to modify a result while the provoking cause is still in active operation. Fulfill the leading indication *first*, then treat results. If not so in this case, why so in arsenical poisoning? Here we need the first and leading indication, to remove the cause by mechanical means; then mind the next indication, to neutralize the quantity absorbed and still action, by chemical means; and the next, tissue lesion, by dynamical means, the homœopathic remedy;—a strictly scientific adaptation of *means to ends.*

I would here enter a personal protest against the so-called "germicidal" or chemical treatment of zymotic or acute parasitic diseases. Its only claims to rank as a curative measure are based upon the impractical germ-theory and the credulity of the profession. For it is capable of overwhelming proof that, as far as the patient is concerned, germs are conservative or harmless. The trouble lies away back of the propagation of germs, in the loss of equilibrium among the natural or dynamic forces, or between these and the man. I repeat that the method is based upon a fallacy, and its practice is a failure, according to good testimony.

It is fundamental that these distinctions among "indications" should be clearly made out and maintained, to the end that we may occupy a positiom to apply any and every natural law to our etiological and therapeutical problems, and to effectually shelve every theory which claims a disease entity curable by specifics, as against a series of progressive abnormal phenomena curable by remedies which harmonize with the order of progression.

3. *A remedy or remedial measure which fulfills the indication of the pathological condition.*

Whether true or not that we, as a school, are open to the charge of ignorance of pathology, it is true that in the whole range of our Materia Medica no pathological distinctions occur, as a rule. The ingenious reader must frame them as he reads. To illustrate: "Cold, damp feet; vertigo during ascent; perspiration about the head; long time getting to sleep; white, sour-smelling stools; sensitive to cold air," etc., are given as characteristic indications for the administration of *Calcarea carb.* One reputable author advises its use, upon these indications, in ninety named diseases, which involves, probably, every tissue and organ in the body, every function; diseases acute and chronic, toxic and benign, organic and functional, and those representing exaltation and depression, indiscriminately. And

it is soberly claimed that any three of these characteristics, the same presumably to be found in either of the ninety diseases, form a valid basis for the exhibition of the remedy!

Will ten drugs produce substantially the same symptom in ten healthy individuals? If so, according to the "symptom-method," either drug should cure the symptom if it appears in the course of disease. These forces have approached the symptom from the same organ or tissue, or they have not. If they have attacked from ten points, there is nothing in the expression of the symptom to indicate which is curative; if all from one point, there is still nothing to determine which is curative. It seems, therefore, that a symptom may not be an unerring index of diseased action, but instead may be misleading or negative. For instance: *Bryonia:* "stomach distended, sensivive to pressure;" *Calcarea carb.:* "pit of stomach swollen, painful to pressure;" *Carbo veg.:* "tense, full feeling, aching in pit of stomach;" *Nux vomica:* "pressure as from a stone, region of stomach sensitive;" *Pulsatilla:* "stomach bloated, hard; pain in pit of stomach." Here five drugs have produced substantially the same symptoms, but it appears that some condition or circumstance, other than itself, must determine which is curative. Now, observe, that *Bryonia* affects, predominantly, serous and fibrous tissues; *Calcarea carb.*, lymphatic and osseous systems; *Carbo veg.*, venous and sympathetic nervous system; *Nux vomica*, cerebro-spinal nervous system; *Pulsatilla*, generative organs mucous and serous tissues. Thus we find the direction and method of attack; thus we apprehend and individualize the symptom, and with it the remedy.

In groups of symptoms the chances for successful choice are greatly improved, for one or more may come within the relation of disease to drug, but there are still chances of failure. For instance, this group:—"Confussion in the head; congestion in the head; burning in the stomach;

nausea; worse after eating; stitches in region of loin; abdomen distended and painful; anxious breathing." Or this: —"Congestion in the head; vertigo; red face; beating in the head; nausea; distended abdomen, with cutting pain; short, hurried breathing." Or, again:—"Fullness and pressure in forehead; vertigo; red or pale face; short, hurried, anxious breathing; cough, from tickling in larynx." Or, lastly:—"Confusion of mind; weakness of memory; pale face; burning in stomach and nausea; painful, distended abdomen, with stitching pain; respiration embarrassed; uring to stool, with frequent green, slimy discharges." Each of these drugs, at least, produces every one of these symptoms, and each produces each group of symptoms:—*Acon.*, *Ars.*, and *Bell.* Which is the "similimum," or "totality," or curative? Evidently something besides symptoms, or possible groups of symptoms, must indicate the curative, and to my mind, it is found in the answer to the question: "*What tissue is affected, and how?* If the symptoms result from arterial or capillary derangement, *Acon.* is the remedy; if from peripheral nervous or venous derangement, *Bell.*; if from miasmatic or central nervous derangement, *Ars.*

The line may be drawn again by comparing opinions. I select those of Profs. Lee and Frost. The first says: "The true Homœopath administers the remedy indicated by the totality of the symptoms, without stopping to ascertain whether or no that remedy has ever caused fatty degeneration or cirrhosis." The latter says this: "In its full and proper sense, pathology includes all that can be discovered of the patient's deviation from the normal standard of health; and comprehends alike all the symptoms, morbid conditions, their consequences and their causes. If the practitioner of the "symptom-method" overlook any of these causes, indications, or consequences of disease, and neglects to give to each class and particular evidence of pathological deviation its just value, in making his pre-

scription, his diagnosis and his prognosis, he will come to grief, and his patient with him."

Prof. Carroll Dunham, in the course of his inaugural address to the World's Homœopathic Convention, uses this language:—"If, then, our science of therapeutics be not capable of adapting itself to, of dovetailing with, or making subservient to its uses any exact related physicial science, is not that fact the condemnation of our therapeutics? Pathology is the science of functions as modified by disease, and pathological anatomy is the science of tissues as modified by disease. Using the word symptom in its largest sense, as a modification of function, or tissue, or both, pathology is, therefore, the science of symptoms. It concerns itself with the relations of symptoms to each other, as individuals or classes, with the rank of different symptoms in order of time and causation, with their origin and evolution, and their relations to tissues, organs or apparatus. Used in this way, as an aid in the methodical investigation of the symptoms, both of disease and of remedies, pathology, imperfect as it is, is of inestimable value to the Homœopathist. And, taking this view of the subject, I do not hesitate to say that the strict Hahnemannian, if with complete medical culture, he investigate and treat his case in the spirit of Hahnemann's doctrine, is the best and profoundest pathologist."

As opposed to the catholic spirit of the foregoing extract, it may be permissible to quote from a recently published case by Prof. Guernsey, as follows:—"The parents asked me what was the matter. I said, 'did you not see how he began at 4 P. M., and screamed and moaned and tossed and turned and twisted, with one leg drawn up? Was not that plain to be seen, and was not that enough? That is all one need to know about it for curative purposes in making a prescription; these conditions told me what medicines he needed. Do you understand?'" By way of comment he says further, that "modern pathology can *never* give us the remedy to cure any case of illness."

It is not necessary to emphasize this comparison, or indicate the meaning attached to it.—

4. *A remedy or remedial measure which characteristically fulfills the law of similars, as regards all subjective and objective signs, organic affinities, order of progression, and primary and secondary manifestations of both disease and drug.*

The terms of this proposition follow as logical consequences of the foregoing. But while the relations of the pathology of the disease and its remedy are made to appear so inseparable, it is not to be supposed that symptomatology, as such, sinks into insignificance, for it is the key to the position in both directions, and cannot be dwarfed by any means that may make it more reliable and efficient. Nor need there be any fear that the distinctiveness of our therapeutics may suffer; rather, it takes a position from which to defy the assaults of the physical sciences, for it absorbs and utilizes every one of them.

And now, finally, in view of the importance of this subject, it is high time that a voice should be raised in vindication of the scholarship of the founder of our system of medicine. While filled with the enthusiasm of discovery, it is not to be supposed that he dropped out of mind the fact that symptoms are signs of structural or functional lesions, one, or both, or many, and that diverse lesions may produce the same signs. While so vigorously prosecuting his theory of the application of drugs to the cure of disease, it is not to be supposed that he became regardless of the causes, or nature, or consequences of disease. On the contrary, in spite of the unsettled convictions and limited knowledge of his time, his every page proves his profound insight into the nature of disease, and his capacity to apply the curative similar to its diversities. What profounder pathological studies are extant than his upon psora, syphilis, and sycosis?—where a stronger or more logical argument for a pathological basis for prescription, than

these? As a matter of course, these studies are reviled by computers of mathematical "totalities," but they still stand unrefuted; and, in view of all his writings, the assertion may be ventured that the closer the relations of symptomatic indications are with characteristic deviations of function from the normal, the better is the Homœopathy;—or, the better pathologist is the better Hahnemannian.

SURGICAL DRESSINGS.

G. M. PEASE, M. D., San Francisco, Cal.

In the September number of THE ADVANCE, page 138 *et seq.* appears a very instructive, as well as interesting article upon the subject of surgical dressings. Endorsement of a theory sometimes serves to sustain the spirits of him who advances it, and encourages further investigation. I wish to add my mite upon the subject. During the late war there were many wounds treated by myself or under my immediate observation. At times it was not possible for us to have all the modern appliances; we even did not have a surplus of water (fit to use) with which to cleanse a wound from foreign matter, but were compelled to dress them in their own blood. A finger amputation would be bound up dry and circumstances prevent the further attention to the case for several days; still I seldom ever saw trouble follow, unless, perhaps, in such cases as might have been previovsly diseased. At one time I dressed upon the field a large number of wounds, simply scraping or picking away such foreign substances as could be seen, wrapping them in dry lint and bandage, and not again seeing a single one for three days. They were not suffering, and a rush in major cases prevented the expenditure of time upon trivial ones; consequently the small fry were left until attention should be demanded.

In some instances the wounded man would remove the

dressing himself, only to find his wound in good condition, and soon report as ready for duty. The uniform good results in such cases taught me a lesson. Nature has a pretty good idea of how to cure an injury; probably it is by the hermetical sealing which the lympth gives the wound. If this could be true in a climate generally considered favorable to the formation of pus and maggots, why should it not be just as true in a northern climate where maggots do not thrive as plentifully?

Notwithstanding the lesson learned I found myself afterward following the wet dressing plan, and some very disagreeable cases were the result. I cannot now recall a maggoty case except when wet dressings were employed.

When, at last, I retired to civil practice and had my first case of ovariotomy, I resorted to the plan of artificial sealing, using collodion for that purpose. It did not disappoint me. The whole wound healed by "first intention," except at one point, and the amount of pus there did not exceed a good-sized drow.

My plan after abdominal section is to close the wound in the ordinary manner with sutures, and then taking a strip of thinnest muslin, dip it in collodion, and cover over the cut its whole length, then apply with a brush one or more coatings of the collodion. This thoroughly seals the wound against any external action of air or fluid. After operations for strangulated hernia this plan has worked admirably.

Perhaps had I relied upon the lympth furnished by nature the results would have been just as good. As Dr. Eaton says, I shall try it some day. The Listerism craze of carbolic spray during abdominal sections I have never tried, but having witnessed it in the practice of others, I have no desire to try it. The whole of the Lister advantages can be gained by cleanliness during operations and exclusion of filth (air is sometimes filth) afterwards.

SOCIETIES.

THIRTY-FOURTH SEMI-ANNUAL MEETING OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY, HELD AT GROVE SPRINGS, LAKE KENKA, SEPT. 8 AND 9.

MORNING SESSION.

Meeting called to order by Vice President Hollett, and the Rev. R. R. Converse, Christ's Episcopal Church, Corning, opened with prayer.

Drs. Spencer, of Rochester, and Gamman, of Corning, were appointed committee on credentials.

Drs. Wright, Hasbrouck, and Couch were appointed to draft a suitable resolution on the death of Dr. J. Savage Delavan.

On motion of Dr. Couch the regular order of business was suspended, and the Society listened to an address by Dr. Dowling on the "Physical Signs of Disease." A vote of thanks was unanimously tendered him for his entertaining and instructive paper, which was discussed by Drs. Couch and Dowling. The Society then adjourned.

AFTERNOON SESSION.

The afternoon session was opened by the President, M. O. Terry, M. D., of Utica, who delivered the annual address; subject: "Shall the Homœopathic School Represent True Progress in Medicine?" Dr. Terry said that while all physicians are agreed on the manner which other branches of physics shall be investigated, the Materia Medica is frequently a bone of contention, and the theory of the action of remedies, and the dose in which they should be given is discussed with a positiveness that often terminates in ill-feeling. He called attention to the limited instruction in Materia Medica given students in our colleges, the importance of making them familiar with the Materia Medica of the old school, and urged the introduction of the

United States Dispensatory as a college text-book. On the question of attenuations, he made a strong plea for the use of remedies in material doses under the homœopathic law; attenuations within the line, wherever it may be, that scientific methods are still able to detect the material substance of the drug. In acknowledging the great value of the law enunciated by Hahnemann, he maintained: "That if he were alive to-day, and having kept astride with the times in the various departments of medicine, his logical mind would, ere this, have given his discovery its proper *limited* place." In the report of clinical cases to this Society he suggested that when remedies were given beyond the scientific line before referred to, the author be subjected to a cross examination concerning the case in order that elements in the surroundings of the patients might be given due credit, and all possible sources of errors capable of affecting the result eliminated. He cited the advantage of homœopathic treatment over the allopathic and expectant method in pneumonia, but claimed that the glory of homœopathic treatment consists in cutting off the disease in its incipiency. He also made a strong plea for material medicine given under the Homœopathic Law, and closed by reading the modification of an act as suggested by Regent Watson, relating to the examination of candidates for the degree of doctor of medicine, which was presented to the legislature last winter.

Dr. Couch:—The address delivered by our President contains a line of thought which is radical, if not aggressive. To the minds of a large majority it is very important and satisfactory. I move that the Secretary be instructed to have five hundred (500) copies of this address printed, and the same distributed by the Executive Board. Seconded by Dr. Spencer. Carried.

President Terry announced that owing to the resignation of Dr. Moffat as Secretary of the Society, the Executive Board had appointed Dr. Dayfoot to fill the vacancy.

F. F. Laird, M. D., Utica, Chairman of Bureau of Materia Medica, presented the subject of Hæmorrhage. Papers presented were, "Epistaxis," by Dr. C. Judson Hill; "Hæmaturia," by Dr. A. P. Hollett; "Purpura Hæmorrhagica," by Dr. G. W. Winterburn; "Hæmorrhage from the Digestive Canal," by Dr. Asa S. Couch; "Pneumorrhagia," by Dr. W. C. Latimer; "The Physiological Action of Drugs in Hæmorrhages," by Dr. F. F. Laird.

J. Monfort Schley, M. D., New York City, Chairman of Bureau of Histology, had a paper on "Histology of Cirrhotic Kidney," which was read by title. Every member of this bureau was absent.

Herbert M. Dayfoot, M. D., Rochester, Chairman of Bureau of Obstetrics, called attention to the management of the "Third Stage of Labor," and detailed the different methods of delivering the placenta, and asked an expression of the Society as to the most trustworthy procedure.

Dr. Winterburn:—When I first began to practice I worked on the expectant method, but found it was not a good plan to wait. I now deliver the placenta immediately after the birth of the child. Have had no bad effects from introduction of hand into the uterus. As a rule, I have placenta delivered within five minutes after birth of child. Never use outside pressure to deliver placenta.

Dr. Wolcott:—I wait ten or fifteen minutes and then make pressure over uterus during pain, not between pains. In one hundred cases have never had retained placenta.

Titus L. Brown, M. D., Binghamton, Chairman of Bureau of Gynæcology, read a paper: "Some of the Influences Causing Infanticide." How to deal with this question, which is always an embarrassing one in practice; whether by argument, reason, or pointing out the law in the case. The sentiments presented in my paper have given me more trouble than anything in my practice. I sit down and moralize with my patients. If no one would ever ask

me such a question again, I would be about as happy as the rest of you.

Dr. Terry:—Every physician has this trouble to contend with. I would like the expression of each one here, as to the method they adopt in these cases.

Dr. Lee:—I say, NO SIR! We don't do that business here, and they get out.

Dr. Spencer:—The only way is to say *no! no!! no!!!* and they soon understand you mean what you say. If cases appeal to your sympathy, deal gently but firmly.

Dr. Fancher:—A friend of mine in Massachusetts obtained a copy of the statute relating to the subject and read it to applicants, and then inquired: "Can you ask me to committ this crime?"

Dr. Gifford:—Had a good many applicants of this kind, in my early practice, but firmly refused.

Dr. Throop:—In my early practice I had many calls, but they soon learned it was legally and morally wrong, and they did not bother me any more.

Dr. Brown:—Strangers only come to me now, not my own families. Think we should have some document, short and sharp, issued by the Society, to hand to applicants.

Thos. D. Spencer, M. D., Rochester, Chairman Bureau of Surgery, presented the following papers: "The Natural and Artificial Drainage of Wounds," by Dr. H. I. Ostrom, New York; "Modern Antiseptic Surgery or the Best Method of Treating Operative Wounds," by Dr. Thos. D. Spencer; "Cleanliness versus Antisepsis," by Dr. J. M. Lee.

Dr. Brown:—Dr. Lee's paper is a decided paper, full of mind and thought. I think there has been too much claimed for antiseptics. I think cleanliness is the main point.

Dr. Spencer:—I must take exception to Dr. Lee's paper, although I agree with the necessity for cleanliness. Dr. Lee makes a test point of ovariotomy, and cites the success of Lawson Tait in this operation; but ovariotomy is not the test of antisepsis because Dr. Tait takes every

precaution to prevent the entrance of disease germs into the operative wound. After his operation, he makes the abdominal cavity aseptic, making a most cleanly peritoneal toilet, washing the abdominal cavity out until the water returns colorless. This not only renders the wound aseptic, but prevents sepsis by placing over the line of incision, a pad of cotton wool. Now it is a well known fact that micro-organisms can not pass through meshes of cotton; therefore Tait not only employs asepsis, but he prevents disease germs from coming in contact with the operative wound. One of Dr. Tait's elements of success is in dropping the pedicle in the abdomen. No ovariotomist is daring enough to perform an operation in a general hospital. If we can perform operations in private practice with perfect cleanliness assured, antiseptics will not be required. The argument of poisoning the system with Carbolic Acid and Mercury is a strong one, but 1 to 20,000 of the bichloride will destroy germs, and not tissue. Germs stick to our clothing very closely. We go to cases of labor very reluctantly, when attending cases of erysipelas or puerperal fever.

Dr. Brown:—Would we understand where the operation was performed in the same room with the corpse that if antiseptics were used the patient would not have died?

Dr. Spencer:—That was Dr. Tait's case. I can not answer for him, but I think so. Antiseptics are to prevent germs more than to kill them after they are accumulated.

Dr. Wolcott:—Wish to call attention to a large number of substances that deodorize, but do not disinfect. Bichloride of Mercury has particular reference to the destruction of germs.

In the evening the Society was tendered a banquet by the proprietors at Grove Springs Hotel. Toasts were responded to by Drs. Couch, Brown, Wright, Lewis, and others. Every one present enjoyed the social reunion to the fullest extent.

SECOND DAY.

When the Bureau of Opthalmology was called the Chairman, A. B. Norton, M. D., New York, was absent, and Dr. Sterling took charge of the Bureau. The following papers were presented: "Blennorrhœlar Purulent Conjunctivitis," by C. C. Boyle, M. D., New York; "Purulent Ophthalmia; Its Treatment," by A. B. Norton, M. D., New York.

Dr. F. Park Lewis:—Dr. Lewis related cases of Infantile Conjunctivitis, supposed by a local M. D. to be a "trifling ailment." On examination by Dr. Lewis, the eye was found destroyed, due to criminal ignorance of the local physician. Upon visiting the Institution for the Blind, at Batavia, Dr. Lewis found a very large proportion of cases due to neglected infantile conjunctivitis. The doctor exhibited Dr. Magun's graphic chart, and alluded to the necessity of more generally educating the laity as to its importance. Finds in dispensary practice, a large factor due to the ignorance of mid-wives. Suggests the Society take action as coming within its province, to suggest to the State Board of Health, the great danger to the community, and make this a State matter; and moved that a committee of three be appointed to communicate with the State Board of Health to take such action as may be required. Seconded by Dr. Sterling. Carried.

Dr. Sterling supplemented Dr. Lewis' remarks, and said that the cost of maintainance of the blind in Europe was over $23,000,000, to which should be added loss of productive labor, amounting yearly to over thirty-six millions. Referred to the importance with which this is regarded by certain governments in Europe and that some require nurse, mother, or other attendant, to report to proper authorities, every case occurring under their care, that it may receive proper attention.

Dr. Covert thinks it would be well for us as physicians to commence at home. Should give more time and attention

to these cases. It requires skill and care to properly examine a child's eye.

Dr. Wright would like to know how often the eye should be washed out? Had much irritation from applications to the eye of Nitrate of Silver, fifteen grains to the ounce.

Dr. Sterling:—The frequency with which an eye should be cleaned should be from five minutes to five hours. Keep the eye absolutely clean. Application of astringents should be varied in strength,—the more profuse the discharge the stronger the solution. In many cases have found ten gr. Argentum nit. 1× to oz. of water, to be sufficiently strong.

Dr. Terry:—Eyes should be kept clean night and day. The first few days are the most important. The germs of disease in the eye must be destroyed.

Dr. Wright found it difficult to get a nurse or mother to open the eye properly.

Dr. Terry uses weak solutions in eye difficulties.

Dr. Hasbrouck moved that the Executive Committee expunge from certain papers all remedies or prescriptions taken from allopathic works. In support of his motion he said the Society was organized to advance the interest of homœopathic medicine, that members came here to learn something in the art of homœopathic therapeutics, and did not care to hear those taken from the text-books and practice of the other school. This motion was the cause of a lively discussion by Drs. Wright, Couch, Brown, Terry, Winterburn, Grant, Spencer, Graham, Wolcott, and Hasbrouck, when, on motion to adjourn by Dr. Park Lewis, action was deferred.

On resuming business Wednesday morning Dr. Hasbrouck presented the following:

Resolved: That the Executive Committee be requested to confer with the authors of papers presented yesterday to the Society, and endeavor to have them so changed as to be in accord with the accepted teachings of Homœopathy. Carried.

The following resolution was adopted:

Resolved, That the Society have printed ten thousand copies (or such other number as may be necessary) of each of the circulars presented by Dr. Sterling—"For the Prevention of Blindness,"—and that fifty copies of each circular be sent with the forthcoming Volume of Transactions to each member of the Society entitled to receive the same.

Helene Lassen, M. D., Brooklyn, Chairman of Bureau of Paedology, presented a paper by Dr. G. G. Bishop on "Cholera Infantum."

Dr. Winterburn called attention to the value of human bone in diseases of childhood. Have femur cleansed and ground, and third decimal trituration used. Very useful in weakly children. Add four or five grains to bottle at each feeding. If nursed, give the same quantity to the mother and some to the child.

Dr. Graham:—Children feed too frequently. Often need water instead of milk. In some cases, a dose of castor oil changes the condition most favorably.

Dr. Partridge finds difficulty in keeping tube cleansed. Disease is often brought on by errors of diet. Proper feeding is an important point.

Dr. Hasbrouck wishes to make a plea for better nomenclature.

Dr. Latimer:—I have the child learn to drink and discard the bottle. We have, then, no trouble with sour bottles.

Dr. Hasbrouck:—The Arabian bean, made into gruel, has given good results.

Malcolm Leal, M. D., New York, Chairman of Bureau of Laryngology; with a paper on "Hay Fever" read by Dr. L. A. Bull, of Buffalo, the medical work was closed, and the Society adjourned to meet at Albany, February 9th and 10th, for the annual session.

Dr. Hasbrouck:—Moved a vote of thanks be tendered the proprietors of Grove Springs Hotel for their entertainment. Seconded by Dr. Wright. Carried.

On motion the Society adjourned.

BUREAUS OF THE I. H. A., FOR THE MEETING AT SARATOGA, 1886.

BUREAU OF CLINICAL MEDICINE.

Geo. F. Foote, M. D.	John A. Miller, M. D.
J. A. Biegler, M. D.	J. R. Haynes, M. D.
Wm. A. Hawley, M. D.	T. B. Birdsall, M. D.
T. L. Brown, M. D.	G. M. Pease, M. D.
T. S. Hoyne, M. D.	C. Pearson, M. D., Chairman.

Papers may also be expected from E. W. Berridge, M. D., and other European physicians.

At the last meeting of the association a resolution was passed, requiring applicants for membership to send their applications to the chairman of the board of Censors six months prior to the meeting, in order that ample time may be given members to so acquaint themselves with the applicant, as to vote intelligibly on his application. In view of the fact that a number of applications were rejected at the last meeting, and that the next promises to be much the largest and most interesting the association has ever held, it would be well for those wishing to become members to send in their applications as soon as possible.

Blank applications for membership will be furnished by the chairman of the Board of Censors, or by the Secretary.

C. Pearson, M. D, Chairman.
611—12th St., Washington, D. C.

BUREAU OF MATERIA MEDICA AND PROVINGS.

P. P. Wells, M. D.	A. McNiel, M. D.
Eugene B. Nash, M. D.	E. A. Ballard, M. D.
Wm. P. Wesselhœft, M. D.	W. S. Gee, M. D.
D. C. McLaren, M. D.	J. T. Kent, M. D. Chairman.

St. Nicholas, for October. This is the twelfth and last number of the current volume,—the last course, so to speak, in the feast of good things which the generous old Saint has spread before his readers during the year. And as we usually reserve for our dessert some specially savory delicacies, so in this number we find some of the brightest and cleverest contributions that have appeared during the year.

MATERIA MEDICA.

A CASE OF POISONING WITH CICUTA VIROSA.

BY DR. BRETERNITZ, Erlangen.

Translated by S. Lilienthal, M. D., New York.

On the eleventh of June, at 2 P. M., I was called to see a boy of eight years, who was attacked on the street with severe convulsions and brought home unconscious. At the house I heard that he went out during the forenoon to gather plants, some of his comrades saw him eating some roots, and about noon he was found unconscious in the street.

The little patient always enjoyed good health and epilepsy was unknown in the family. He laid perfectly unconscious on the bed, gave no sign when loudly spoken to, the eyes were widely dilated, pupils were staring, the face looked rather pale, especially around the lips. From the corners of the mouth saliva flowed continually. The extremities felt cold and could be moved passively. The frequency of respiration was greatly increased, the breathing murmurs stertorous. Percussion showed nothing abnormal in the thoracic organs; auscultation, only numerous râles through the lungs. Cardiac action irregular, intermitting after every second, third or fourth beat; the sounds were clear. The radial pulse could not be felt; abdomen very slightly bloated, liver and spleen not enlarged, everywhere normal tympanitic sound on percussion. Sensibility was entirely abolished, as he did not seem to react against deep insertions of a needle. Corneal reflex abolished. Temperature normal.

I had just finished this surperficial examination, when the little patient became restless, threw himself about, respiration became more rapid, the paleness of the face changed to rapidly increasing cyanosis, twitchings of the

face, of the muscles of the eyes and neck; a peculiar scream, which ceased with the increase of the convulsions, accompanied these manifestations. Finally the whole body became tetanic (it lasted one minute and 45 seconds by the watch), the head bored into the pillow, the spine forming a concave arc backward, froth before the mouth, the teeth tightly clenched, the extremities drawn up toward the abdomen, micturition in a full stream. I thought that breathing stopped during the height of the convulsion and that the working of the heart was entirely suspended durthe spasm, and with the stethoscope only a dull humming sound could be heard over the cardiac region. His folks asserted that he had already several such convulsions. After the time mentioned already the spasm decreased in intensity, without passing from tonic into clonic convulsions, the action of the heart could be again recognized, and the respiratory movements became from minute to minute more intense and rapid. Extremities relaxed so that passive motion was again possible. Feces was not discharged during the attack nor did he vomit, and his clothing showed no traces that he did vomit before. Consciousness and sensibility remained abolished.

Considering poison more than probable, an emetic (Antimon. tart. cum Ipecacuanha) was given and ice ordered on the head. Professor Peazoldt was called in and found him in the same state, screaming constantly the name of his sister. The spasms returned repeatedly, but not so intense after the use of the ice-cap. No vomiting followed the emetic. Only after some time, with returning consciousness, the boy threw up some fluid, green masses, etc. This was not satisfactory; the stomach was washed out, but nothing was gained thereby.

The boys collected pieces of the root, which they thought the patient had used, but this did not clear up the diagnosis, as it was the root of a Rumex, which is not considered poisonous. The following morning consciousness was fully

restored. He slept during the night for several hours, after having repeatedly vomited after the washing out, and only felt weak. He vomited several times during the day, the alvine discharges were diarrhœic, brown and he complained especially of severe abdominal pains and headache. The abdomen was painful on pressure, pulse good and normal, temperature 37.4° C. He replied promptly. The ice was continued, fluid nourishment and wine allowed. After the third day (June 13) vomiting stopped, head and abdomen painless; so that our little patient could be considered saved. During the following days he brought us some of the roots, and he acknowledged that he ate at first a pretty good piece of the Cicuta root and followed it by several pieces of the Rumex root.

In most text books on toxicology we find as early symptoms, but not earlier than half an hour after taking the poison: nausea, vomiturition, vomiting, salivation. Only two authors, Trojanowsky (Dorpat Med. Zeitschrift, 1874, Vol. V, p. 217) and R. Boehm (Archiv. f. experim. Pathologie and Pharmacologie, 1876, Vol. V, p. 288) deny that these symptoms are characteristic for Cicuta poisoning, and consider them as sequences of a direct irritation of the stomach from the ingestion. Boehm expressly said: Cicuta belongs to the purely narcotic plants and has no local action on the mucous membranes.

Though our case appears, superficially considered, to lean towards the opinion of Boehm, as shortly after the poisoning no vomiting set in, and even an emetic was necessary to produce it, but after all, this case clearly shows the presence of gastro-enteritic symptoms, as the patient vomited the whole night and the following day after taking the poison. A direct irritation from the ingestion cannot be ascribed. An emeticum produces only two or three vomiting spells, and here the action was certainly suspended by the washing out process. In this case we have a right to suppose, that the poison had been mostly absorbed be-

fore something was done, and as the emesis took place from 9 to 11 hours afterwards, it must be considered as the specific action of the Cicuta. Nor was salivation absent, nor the enteric symptoms, the diarrhœa and the severe abdominal pains.

In relation to the other characteristic symptoms: the dilated pupils, the coolness and paleness of the skin, the rapid respiration, the small and intermittent pulse, the restlessness, the unconsciousness, the convulsions setting in with a scream, we find here all symptoms observed by others and in experiments on animals. We feel astonished that Trojanowsky disputes the tonic convulsions and the loss of sensibility. He says (l. c., p. 217): "For Cicuta poisoning the *not tetanic* and not reflex, but purely clonic muscular spasms, extending from the head and neck over all the other muscles of the body, especially the respiratory ones, are characteristic; they begin constantly with a scream, and as prodromes as well as sequents we meet a more or less trembling or shuddering of the whole body, and that finally in these spasms *the sensibility and consciousness is not abolished.*" It cannot be disputed that clonic spasms may be often observed in Cicuta poisoning, or that the tonic convulsions are preceded by clonic ones and again pass into such ones; but we doubt from our case, whether clonic convulsions alone are characteristic for Cicuta, as the muscular contractions did not alternate with relaxation, but the organs affected remained in steady stiffness. Boehm (l. c.) mentions expressly in his experiments on animals tonic and clonic spasms; trismus and stiff neck, and found also the increased reflex irritability, denied by Trojanowsky. In other patients sensibility and consciousness were totally abolished for hours; and the same took place in the cases mentioned by W. Schlerier (Casper Wochenschrift fur der ges. Heilkunde, 1843, p. 106) and Leuder (Vierteljahrschrift f. gerichte Med., Neue folge III, 1865, p. 126), though we will not deny that in light cases sensation and

consciousness might remain preserved. The remarkable screaming at the beginning of the convulsions, as also observed by Trajanowsky, also took place in our case, and Boehm explains it by spasmodic closure of the rima glottidis, and the current of air thrown upon it by the contraction of the respiratory muscles. (Berl. Klin. Wochenschrift 34, 1885.)

VERIFICATIONS.

Allen's Encyclopædia, III, 282: Aberration of the mind, singing, shouting, performing the most grotesque dancing steps. 30. Insensibility. 40–45. Loss of consciousness; complete loss of consciousness, became insensible and convulsed generally; quite insensible. 59. Jerking and twitching of the head. 60. A kind of opisthotonos. 69. Head feels too full and heavy. 109. Eyes protruding from the head, staring look. 121. Pupils dilated soon after taking. 124. Pupils dilated and fixed. 173. Face pallid and drawn. 180. Teeth clenched, lock-jaw. 182. Firmly closed mouth, with froth from it. 187. Much salivation, mouth full of froth. 220. Copious vomiting. 246. Dull, painful sensation in abdomen. 250. Most violent colic. 265. Diarrhœa, thin stool with violent urging to urinate, which could not be withstood. 280. Violent spurting out of the urine. 296. Respiration stertorous. 316. Sudden sensation, as of the heart stopped, while walking. 321. Pulse soft, small and scarcely perceptible. 439. Spasms of all muscles, the most violent (*tonic*) spasms, so that the fingers were bent, neither could the limbs be bent or straightened (Hughes remarks "not found," he has now proof of the correctness of tonic spasms). 444. Convulsions with loss of consciousness, frightful distortions of the limbs and whole body, head and back bent as in opisthotonous. 478. They were all lying weak, without consciousness or motion, like logs or dead people. 479. Numbness. (Hughes remarks again "not found" for the two latter symptoms. Our genial friend has now a verifi-

cation offered in the above case, and it only shows again, that we must not be too hasty in erasing symptoms from our great storehouse.) 524. General coldness of the body.

C. Hering in his *Guiding Symptoms, IV, 119,* we find among the clinical symptoms, cures of *tetanus*:

"With violent shocks through head, arms and legs, which cause them to jerk suddenly, head hot.

Basilar meningitis: pupils dilated and insensible; eyes staring, she stares with unaltered look at one and the same place. Ashy paleness of face.

Convulsion of facial muscles.

Lock-jaw, the teeth pressing firmly against one another.

Tetanic convulsions; sudden shock deep in pit of stomach causes episthotonos.

Distension and painfulness of abdomen.

Colic with convulsions and vomiting; frequent liquid stools. Respiration suspended, at times gasping. Oppression of chest.

Feels as if heart would stop beating, pulsation of heart weak; pulse weak, low, trembling, at times imperceptible. Tonic spasm of cervical muscles.

The back bent backward like an arch.

Complete powerlessness of limbs; often spasmodic jerks.

Convulsions, with loss of consciousness, frightful distortion of limbs and whole body."

Every verification of a symptom strengthens the value of our Materia Medica, and here we are under great obligations to experimenters as well as to clinicians for many valuable hints, which we can daily find in medical literature. To strengthen the noble work, achieved by our predecessors, must be the chief aim of the present generation of homœopathic physicians, and this must be done by using all the means which are now, but were not a century ago, at the command of every educated physician. Will this "New Cyclopædia of Drug Pathogenesy" make us better homœopathic physicians than the first diciples were which

Hahnemann gathered around him, is a debatable question. Let us hope for the best, and though points of dispute will constantly arise, and are beneficial for the elucidation of the truth, let every one do his duty, and we will all receive the benefit of our combined labors.

A NEW METHOD OF TREATING SPRAINS.

THOMAS L. SHEARER, M. B., C. M., Baltimore, Md.

Every one who has had severe sprains to treat, must have been at times annoyed by the slowness of recovery of the injured part. This is not so important in hospital patients, many of whom, enjoying the life, diet, etc., of these institutions, do not object to prolonged treatment; but among the wealther classes in private practice the surgeon must often hear complaints that the case is so long and tedious in recovering. The writer has had a considerable number of sprained limbs to treat, and having become dissatisfied with the plans usually employed in such cases, was led to a new agent, vic., clay. The clay is simply that used in the manufacture of bricks, freed from gravel, dried and pulverized in a mortar so finely that an almost impalpable powder results.

The sprained part is dressed as follows: Mix the powdered clay with water, so as to form a thick and moist consistence. This is spread about a quarter of an inch in depth on a strip of muslin, so as to encircle the entire injured area: *i. e.*, around the limb. Over this is applied a rubber roller bandage, just tightly enough to keep the dressing moist and retain it in place. Every twenty-four or thirty-six hours the dressing is removed. Gentle friction with the hand, moistened with tepid water, is employed, and the clay reapplied as above described.

In advocating this plan, the writer, of course, insists upon absolute rest of the part and places it in the elevated posi-

tion for some days. No doubt plaster of Paris does all this latter part of the treatment, but it has several disadvantages, viz.: (1) It is annoying to the patient; (2) the surgeon does not see the condition of affairs; (3) it takes much longer to bring about a good result; and (4), it tends to leave an undue amount of stiffness in the part which can only be relieved by cold douches, passive motion, friction, etc. The treatment is thus prolonged. In the clay method, a little friction is used each day; the dressing is removed and the patient enjoys a respite for a few minutes for which he is very grateful indeed. The limb, though at rest for long intervals, is thus put in a condition to ward off after-stiffness to a great extent, and the patient bears the application better, as is evidenced by the good rest and repose throughout the treatment.—*Hahnemannian Monthly.*

[Why not use MINERAL EARTH, which comes already prepared, instead of clay? It is free from mineral or vegetable impurities, has an analysis on each package with a guaranty of its purity, and is finely pulverized and always ready for use. ED.]

SELDEN HAINES TALCOTT, A. M., M. D., PH. D.

The present Medical Superintendent of the State Homœopathic Asylum for the Insane, at Middletown, N. Y., comes of English ancestry, and as early as 1558 his family is recorded in the Harlean Mss. in the British museum, as one of "names and arms." John Talcott, the family progenitor in this country, came to America in 1632, was one of the founders of Hartford, Conn., and at one time treasurer of the Colony of Connecticut. His son, Lieutenant Colonel John Talcott, who succeeded him in office, won renown as an Indian fighter. The latter's eldest son, Joseph, became governor of Connecticut, the first native governor and the longest incumbent of the office, except governor Winthrop, serving from 1724 to 1741. Jonathan Talcott, the father of the subject of this sketch, was a lineal des-

Very Truly Yours.

Edward A. Falcon.

Atlantic Publishing & Engraving Co. N.Y.

cendent of the above, and was born at Rome, N. Y., Oct. 26, 1814. In 1836 he married Miss Lucy Ann Shepard, also a descendant of a good English family. To them were born one son and several daughters. The son was born at Rome, N. Y., July 17, 1842, and was named Selden Haines, after a prominent clergyman and family friend, the Rev. Dr. Selden Haines. This son spent his early years assisting his father on the farm, which had been the family homestead since 1802, it having been at that time established in the wilderness by Jonathan Talcott, Sr. Young Talcott received the usual desultory schooling, afforded farmer's sons at that time, but his aspirations led him rather to study than to the routine of farm labor. At the age of fourteen he entered the academy at Rome, but, after three winters attendance he was compelled, by failing health, to relinquish his studies and return to the farm. In 1863, while attending commencement exercises at Hamilton College, he was struck with the idea of acquiring a collegiate education. Although unacquainted with Latin or Greek, he prepared himself for the entrance examination within one year, and entered Hamilton College in June, 1864. Soon after he enlisted in the Union army, and served in the 15th N. Y. Engineers about a year. After the close of the war he returned to college and graduated in 1869. He studied medicine with Dr. E. A. Munger, of Waterville, attended medical lectures in New York, receiving the degree of "Doctor of Medicine" from the N. Y. Homœopathic Medical College, in March, 1872, standing highest in a class of '36. By his classmates he was unanimously chosen valedictorian; Dr. Carroll Dunham delivering the validictory for the faculty. For three years afterwards Dr. Talcott was engaged in private practice with his former preceptor. June 10, 1873, he married Miss Sarah Abbe Munger, daughter of his medical partner. In 1875 he was appointed chief-of-staff of the Homœopathic Charity Hospital of New York City, on Ward's Island. At the same time he had charge

of the Soldier's Home and the Inebriate Asylum of N. Y. In April, 1877, Dr. Talcott was unanimously elected Medical Superintendent of the New York State Homœopathic Asylum at Middletown, and at once resigned his position at the hospital to assume charge, and has to the present time served as Superintendent of that institution. His success is shown by the records and reports of the institution under his charge. The results of eight years work in the asylum show an average of recoveries of over forty-five per cent. Dr. Talcott may be called a busy man, and a public worker. In addition to his responsible and numerous duties at the asylum, he has written and published a large number of essays and pamphlets on medical subjects, has lectured on insanity at the Hahnemann Medical College in Philadelphia for four years, and is now Professor of Mental and Nervous Diseases in the New York Homœopathic Medical College. He has received the degrees of A. B., A. M., and Ph. D., from Hamilton College, his alma mater. He has been a member of the State Board of Medical Examiners of New York, since 1877, and has served as President of the Oneida County, Orange County, and New York State Homœopathic Medical Societies. On several occasions he has served as delegate to the American Institute of Homœopathy, and as Chairman of its Bureau of Psychological Medicine. Dr. Talcott is deeply interested in public matters. At the present time, is a trustee of the first Presbyterian church, a director in the First National Bank, and a Trustee of the Savings Bank of Middletown, N. Y.

MURIATE OF COCAINE.—Having a case of cracked nipples in which the pain on nursing was excruciating, I was led to the local use of Muriate of Cocaine. The effect was a happy one, rendering the pain quite bearable. The method of applying was as follows: A five per cent. solution was applied to the fissured surface by means of a camels hair brush. This was repeated about three times within fifteen minutes, when the nipple was thoroughly washed and the child put to the breast.—H. W. Champlin.

EDITORIAL.

THE ASYLUM STEAL.—In a "preliminary report" to Gov. Alger under date of October 9, 1885, the trustees of the Northern Asylum attempt to justify their unjustifiable action in the appointment of an allopathic physician as superintendent of a homœopathic asylum. It is one of the most remarkable documents ever issued by an official body in this state; weak, peurile, apologetic, beneath the dignity of high-minded, impartial men, adding insult to the injury already done. When an official body so far forgets its duty as to descend to the tricks of the ward politician, it deserves and should receive severe criticism. Is it possible that to the "unfavorable criticism" and "a guilty conscience," we are indebted for this "preliminary report?"

Their chief plea is the stereotyped one of *experience*. The board affirms that, "the experience necessary to qualify a physician for the responsible position of superintendent of the Northern Asylum, could only be attained through long continued trust in an asylum of high grade and standard." On this question of "experience" the board assumes to decide upon the medical qualifications of the superintendent. All that the law requires of the trustees is simply "to place the medical administration of the asylum under the supervision and control of a reputable physician and surgeon of the homœopathic school of practice." Had the legislature thought the word "experience" necessary to perfect the act or protect the insane, it would no doubt have been inserted. But the trustees are not constituted judges of the "experience" of the physician.

They further affirm that: "The law distinctly requires, as it has required, in the case of every asylum organized in this state, that the medical superintendent 'shall be a well educated physician, experienced in the treatment of the insane.'" That this applies to other asylums and to the physicians of the other school is apparent from the recent

appointment of a medical superintendent for the asylum for insane criminals at Ionia, who has been as successful as any in the state, and he never had this much vaunted "experience." These trustees have yet to learn that the homœopathic treatment of the insane is not governed by the *ipse dixit* of any man's "experieuce," but by a *law of cure* universal in its application, and that all for which they will be held responsible is to carry out the law as they find it in the statutes. Neither the trustees nor their allopathic advisers are competent to decide this question of practice, and the taxpayers will not hold them responsible for it.

The trustees claim to have guarded first, "The welfare of the Northern Asylum, and the good of the insane of the State rather than to promote the interest of any class, denomination or school of medicine." It is unnecessary to repeat that there are several thousand tax-paying citizens in this State who do not think that the turning over of their insane friends to the tender mercies of allopathy is the best way "to guard them" or is for "the good of the insane." And if they have not promoted the interest of "any school of medicine" by their unjust and illegal action, we would like to know what they call it? Having done all they could to thwart the will of the people, to decide the question of medical practice, and to promote the interests of the dominant school, we shall next expect these solons to appear in the rôle of law makers and pronounce the act unconstitutional. "It is not true that the board acted under the effect of pressure of the old school of medicine." Perhaps not. But when we remember the persistent and bitter opposition of "the old school of medicine" to this act in every stage of its progress, from its introduction to its final passage, and at last to boast that if they could not defeat it in the legislature they would before the Board of Trustees, the trustees certainly cannot expect the people "to take much stock" in such a statement. If the friends of the act brought any "pressure" upon the trustees it was to

induce them to do their duty, for it is an open secret that no sooner was the membership of the board announced than from all parts of the State grave doubts were expressed that a homœopathic physician would not be appointed by such a board. And the result has demonstrated that their fears were not groundless. The trustees have allowed themselves to be used as the tools of wily and designing men, or they have knowingly and flagrantly violated the spirit of the act and thwarted the will of the people. They may take either horn of the dilemma. The end is not yet.

NEW PUBLICATIONS.

A CHART OF TUMORS. By G. F. Shears, M. D. Chicago: 1885.

This chart is about two feet square, printed on heavy card-board and very well arranged for ready reference. It enables the physician to see at once the characteristics, classification, diagnostic features, and prognosis of the various tumors amenable to surgical treatment. It is a convenient office reference.

INSOMNIA; AND OTHER DISORDERS OF SLEEP. By H. M. Lyman, M. D. Chicago: W. T. Keener. Pp. 239. Cloth, $1.50.

This is a very readable book, and the author in a clear and very instructive style, discusses all the phenomena of sleep, both normal and abnormal. The opening chapter on "The Nature and Cause of Sleep" is followed by "Insomnia," its various causes and occurrences in particular diseases. He then discusses "Dreams," "Somnambulism" and "Hypnotism." These abound in well authenticated cases of thrilling interest, and will well repay perusal whether we agree with the explanations offered or not.

LEUCORRHŒA; ITS CONCOMITANT SYMPTOMS AND HOMŒOPATHIC TREATMENT. By A. M. Cushing, M. D. Boston: Otis Clapp and Son. Second Edition, revised and enlarged. Pp. 163.

Like Guernsey, Minton and Eggert, Dr. Cushing believes in the homœopathic treatment of leucorrhœa. The first hundred pages are devoted to a careful enumeration of the symptomatology of

the remedies, and the remaining sixty-three to a well arranged repertory or index. This book should be found on the table of every homœopathic physician; and if our general practitioners would study it more carefully and rely less on topical treatment it might be better for both physician and patient. We need more works like it.

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST AND POCKET REPERTORY FOR 1886. By Robt. Faulkner, M. D. New York and Philadelphia: Bœricke & Tafel. Morocco, $2.00.

This *Visiting List* appears to improve from year to year. It contains an "Obstetrical Calendar;" "Poisons and their Antidotes;" "Hall's Ready Method in Asphyxia;" and a "Valuable Pocket Repertory" alone worth the price of the book. It is compact, simple, complete.

LINDSAY & BLAKISTON'S PHYSICIAN'S VISITING LIST, 1886. Thirty-fifth year of its Publication.

Containing Calendar, List of Poisons and Antidotes, Dose Tables rewritten in accordance with the Sixth Revision of the U. S. Pharmacopœia, Marshall Hall's Ready Method in Asphyxia, Lists of New Remedies, Sylvester's Method for Producing Artificial Respiration, with Illustrations; Diagram for Diagnosing Diseases of Heart, Lungs, etc., etc. The quality of the leather used in binding this list has been again improved. Price from $1.00 to $2.00 according to size. One of the best published.

A HANDBOOK OF PRONUNCIATION. Giving Principles and Illustrations. By Lewis Sherman, M. D., 1885. Milwaukee: Published by the author. Pp. 175.

This is an effort in the right direction. As the author very truly says in his preface: "Lawyers, physicians, ministers, artists and scientists may properly be held to strict account for the correct pronunciation which are peculiar to their several professions;" and yet not more than one physician in ten (of any school) can correctly pronounce the names of the remedies he uses daily. We advise them not only to buy this book, but to study it carefully. It will pay good dividends on the investment.

EPITHELIOMA OF THE MOUTH. By H. I. Ostrom, M. D. Pp. 120, 12 mo. New York: A. L. Chatterton Publishing Co Cloth, $1.00.

This little work of Dr. Ostrom's on a subject which of late has attracted so much attention, is very opportune. The history, etiology and differential diagnosis are clearly and succinctly given, and the various surgical operations about the mouth for the removal

of diseased portions, minutely described. In accounting for the greater frequency of epithelioma in men than woman the author says: "Foremost among the acquired conditions I place the use of stimulants in the form of tobacco, alcohol and highly seasoned food." The book is well printed, on good paper, a credit to the publisher and deserves a large sale and careful reading by our practitioners.

A LECTURE ON HOMŒOPATHY. By Conrad Wesselhœft, M. D., Boston: Otis Clapp & Son, 1885.

The Boylston Medical Society, composed of the Students of Harvard Medical School, proposed a series of questions on Homœopathy and invited Dr. Wesselhœft to answer them. The questions are evidently formulated in a spirit of honest enquiry and have received a fair, if not a full or complete answer from the standpoint of Dr. Wesselhœft. But the learned lecturer is in error when he says: "It is the first time in medical history that a Homœopathist has had the opportunity, courteously extended, of explaining the principles of his own to members of the opposite school." In 1879 Dr. S. A. Jones in response to a "courteous invitation" from the students of the Department of Medicine and Surgery, University of Michigan, delivered the "Grounds of a Homœopath's Faith" published by Bœricke & Tafel. It was, nevertheless, a condescention on the part of the members of the Boylston Society. But the lecturer was not to be outdone on that score; he adapted his Homœopathy to his hearers. Honors are easy.

LECTURES ON CLINICAL OTOLOGY; DELIVERED BEFORE THE SENIOR CLASS IN THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE. By H. C. Houghton, M. D. Boston: Otis Clapp & Son. Pp. 260, 8 vo. 1885.

In style, type and paper, this book compares favorably with the excellent publications of F. E. Boericke, and the publisher is to be congratulated on his work. The volume consists of twelve lectures. On Otitis externa; Acute and Chronic Catarrhal Inflammation of the Middle Ear; Acute and Chronic Suppurative Inflammation of the Middle Ear; Consequences of Suppurative Inflammation; Unusual Diseases of the Middle Ear; Inflammation of the Internal Ear; Deaf-Mutism, etc. Each chapter is followed by *illustrative* cases and a *summary* of remedies, making it a valuable aid for the student and practitioner. To this is added a clinical repertory and a complete index, thus increasing the value of the work by ready reference. We are pleased to note that external topical applications and surgical means are not so freely recommended as in some other

works on the subject, yet there is room for much improvement in this respect. We also trust the time will soon arrive when our specialists, both of the Eye and Ear, will have taken a few lessons from Hahnemann's "psoric theory" and consider and treat these affections as dependent on a constitutional taint, instead of, like our allopathic brethern, as affections requiring surgical interference.

A GUIDE TO SANITARY HOUSE-INSPECTION. By W. P. Gerhard, C. E. New York: John Wiley & Sons, 1885. Pp. 145; 16 mo. Cloth, $1.25.

This is intended as a practical aid to lessees and owners in selecting or building, in city or country, healthy homes. That accomplished sanitarian, Col. Waring says: "Let no man lease any house without a quaranty of its sound construction. We run the risk of losing, not money, but health and life; and these can be secured by the quaranty of no house agent or owner." No careful man would buy a house and lot without employing an expert to examine and certify to the title. Yet, how few take the precaution to obtain an expert's certificate that the house, in regard to sanitary regulations, is properly constructed. Nearly every physician of a few year's practice has had occasion to call attention to this glaring defect, and often when it is too late.

HISTORY OF HOMŒOPATHY: ITS ORIGIN: ITS CONFLICTS. By Wilhelm Ameke, M. D., of Berlin. Translated by A. E. Drysdale, M. B. (of Cannes); Revised and Edited by R. E. Dudgeon, M. D., London: Published for the British Homœopathic Society by E. Gould & Son, 1885. Pp. 445.

This is a most welcome and timely publication, and not only the author, but the enterprising society will receive the thanks of the entire profession. It will be read with intense interest by layman, as well as professional. In his preface the Editor says: "The main incidents of Hahnemann's life, and the chief sphere of his activity being Germany, the history of Homœopathy is practically its history in Germany, and the task of writing it could most appropriately be undertaken by a fellow countryman of Hahnemann." Dr. Ameke has evidently undertaken his self-imposed task *con amore* and has given us one of the most complete and interesting biographies of Hahnemann, which has yet appeared. He clearly shows us the high estimation in which this master-mind was held by his contemporaries, and especially by the Nestor of German Medicine, the high-minded and honorable Hufeland, who although compelled to differ with him in opinion, never ceased to respect his genius and profound learning. Some idea of Hahnemann's indefatigable labors

and untiring industry may be formed when we consider that from his "Translation of Nugent's Essay on Hydrophobia" in 1777, to his "Remarks on the extreme, attenuation of Homœopathic Medicines" in 1832, no less than 115 books and pamphlets appeared from his busy pen. In pharmacology, hygiene, practice, and especially in chemistry, in which he was far in advance of all his contemporaries, he had obtained a national reputation before he enunciated the law of cure. Every homœopathic physician should read this vivid sketch so carefully that he may be prepared to answer some of the calumnies of his enemies, as no honest man, whether friend or foe, can read it without benefit and without an increased admiration of the genius and learning of him who has given us a "Science of Therapeutics."

RATIONALISM IN MEDICINE, or the Restoration of Chemism. By WILLIAM THORNTON. Boston: 1885. Published by the author. Pp. 46; 12mo; price, $1.00.

This work is written for the laity, and is respectfully dedicated to "Those who Think and Reason." The author is evidently dissatisfied with scientific (?) medicine as at present taught and practiced, as he terms its methods "irrational, and in the main radically wrong." He also says that "more than two-thirds of the recipes now used by practitioners of the various schools are useless and empirical." "I have constantly heard and hear to-day of the 'science of medicine,' but have yet to learn how empiricism can become a science." Rationalism is defined as "The internal treatment of diseases by chemicals of like nature to those that are found within the body in a healthy state." The author is evidently not aware that a similar attempt to found a system of therapeutics on a chemical basis resulted in a miserable failure; and while this theory is presented in a very interesting manner, it is as far from the truth as any of the theories he so scathingly condemns. If he will honestly investigate the *Law of the Similars*, promulgated by one of the ablest of chemists, Samuel Hahnemann, nearly a century ago, he will find the "science of medicine" for which he is searching, and will have no occasion to write his promised work on "The Philosophy of Medicine."

PAMPHLETS RECEIVED.

THE INTEROCEANIC PROBLEM, and its Scientific Solution. Pp. 40, with six plates. By E. L. Corthell.

WHAT SCIENTIFIC MEN SAY OF VACCINATION, By J. C. Nottingham, M. D. Bay City. 1885. Pp. 20.

DIANA: A PSYCHO-PHYSIOLOGICAL ESSAY ON SEXUAL RELATIONS. New York. Burroz & Co. 1885. Pp. 55. Paper, 25 cents.

LETTERS FROM A MOTHER TO A MOTHER ON CHILDREN'S TEETH. By "Mrs. M. W. J." Welch Dental Co., 1413 Filbert street, Philadelphia. 16mo, pp. 106. Paper, 25 cents.

IRITIS: ITS RELATION TO THE RHEUMATIC DIATHESIS AND ITS TREATMENT. By C. J. Lundy, M. D., Detroit. Reprint from the *Physician and Surgeon.*

THE SURGICAL TREATMENT OF CYSTS OF THE PANCREAS. By N. Senn, M. D., Milwaukee. Reprint from Journal of the American Medical Association. Pp. 58.

EDITOR'S TABLE.

HAHNEMANN COLLEGE, Chicago, is to have a new college building.

MARRIED. S. C. Ross, M. D., (U. of M.) and Miss Emily C. Bower, all of Scranton, Pa.

WM. B. CARPENTER, M. D., L. L. D., F. R. S., the eminent English physiologist, is dead.

THE CHIRONIAN for October, promptly puts in an appearance. We welcome it to our exchange list.

T. F. ALLEN, A. M, M. D., has recently had conferred upon him the degree of L. L. D., from Amherst College, his *Alma Mater.*

THE HOMŒOPATHIC DEPARTMENT, University of Michigan, has over fifty students, and both faculty and students are doing good work.

SMALL'S PRACTICE.—A new work on practice, by A. E. Small, M. D., embodying the results of forty-five years experience, is promised before the holidays.

ANNALS OF SURGERY. This monthly of nearly 100 pp. maintains its excellence. Its original articles are valuable and its review of "Surgical Progress" bright and newsy.

WANTED. A physician of energy and experience to take half interest in a paying practice with the ultimate object of becoming the successor. For particulars address "Editor of Advance."

CORRECTION. Aug. No., article of Dr. P. P. Wells: page 69 last line for "indispensable" read "the defence impossible;" on p. 70, 22 line from top, for "these claimants to the" read "these claimants. Is the" and on p. 73, 23 line from top for "and" read "or."

MISS CLARA BARTON. In recognition of her services in caring for the wounded in the hospitals and on the field at the memorable battles of the Franco-Prussian war in 1870-71, has been awarded a

Diploma of Honor, by the "Society of Germany Brothers-in-Arms" of Milwaukee.

LEE'S REPERTORY.—We are pleased to be able to announce that work is rapidly progressing on this new volume, which promises to be the best of the kind in our school. It will be invaluable as an office companion. An accurate scientific prescription cannot be made without some work of this kind, as no man can carry all the Materia Medica in his brain. Those who have not already subscribed should do so at once.

THE POPULAR SCIENCE MONTHLY, for November, 1885, contains a most interesting and instructive article on "A Free Colony of Lunatics," by Henry De Varigny. It is a fresh and instructive account of the remarkable experiments at Gheel, in Belgium, concerning the treatment of the insane, which have long attracted the attention of the world, and is of more than passing interest to every medical man. This article is itself worth a years subscription.

JAMES PARTON, who for years held the rank of the most popular magazine writer in America, reappears in the November number of The North American Review with a characteristic letter to the people of the United States on their character as employers. It is the most trenchant envoy in favor of Civil Service Reform that has appeared for years. Mr. Parton's re-entry into the field of magazine literature will be hailed with delight by the millions. We are pleased to note the rapid advance recently made in the circulation of this sterling periodical. A second edition of the October No. was called for within a few days after the monthly issue.

THE NOVEMBER CENTURY. This is the initial number of the 31st Vol. and "A Photographer's Visit to Petra," which opens the magazine, is one of the most attractive and unusual articles, in point of illustration, ever printed in the magazine. Edward L. Wilson contributes a narrative of his daring journey to the decayed city of Petra, and of his adventures with the Arabs, and Thomas W Ludow introduces the paper with a short historical account. General Grant's paper describing the campaign and battle of "Chattanooga" is a feature of the number which will excite world-wide interest. It is, perhaps, the most finished article by him which The Century has thus far published. With it is given a full-page portrait of General Grant, from a photograph taken at Mount McGregor; and two fac-simile pages of a part of one of his letters to Dr. Douglas. In "Memoranda of the Civil War" General William F. Smith has a short article entitled "Was Chattanooga Fought as Planned?"

OUR ADVERTISERS' PAGE.

THE CHICAGO WEEKLY REVIEW has two cases of rheumatic gout with renal complications reported by Dr. E. S. Senier of Waukesha, Wis., in which Lambert's Lithiated Hydrangea acted with prompt and satisfactory effect.

103 State St., CHICAGO, ILL.
April 25, 1885.

I have used the Declat Antiseptic Preparations in the treatment of twenty six malignant cases of diphtheria without one failure.

CHAS. F. ELY, M. D.

PASS HIM ROUND.—T. H. Bryant, of Waukesha, Wis., "proprietor" of the "Queen of Mineral Waters," has victimized a few medical publishers. He is very liberal in distributing his "ads," but so far as we can learn never pays a cent. This "ad." is gratuitous.

RUMFORD CHEMICAL WORKS, Providence, R. I., manufacturers of Horsford's Acid Phosphate, have purchased a commodious building and warehouse, into which they propose to move their business a few months hence. It is pleasant to note this evidence of increasing business and prosperity.

MURDOCK'S LIQUID FOOD. Fifty-two of the Leading Hospitals of London, devoted to general diseases, have it in constant use and acknowledge it to be the only Raw Condensed Food known (and much richer than it is represented by warrant); also free of insoluble matter, and can be retained when the stomach refuses water.

"THE GUID DOCTOR."—A Scotchman, fond of his toddy, was ordered by his physician not to exceed one ounce of spirits daily. Being dubious about the amount, he asked his son, a school boy, how much an ounce was. "Sixteen drams," was the reply. "What a guid doctor," exclaimed the highlander; "run and tell Donald McTavish and Big John tae cam doon the nicht."—*Atlanta Medical Journal.*

THE AMERICAN AGRICULTURIST, for November, 1885, is one of the most brilliant and varied numbers ever issued. The illustrations, numbering nearly one hundred, are superior to any which have hitherto appeared. The full-page engraving of the Cattle Quarantine Station, and the Village Blacksmith, are especially fine, while cattle, horses, small stock, house-plans, farm implements, new fruits and flowers, etc., etc., are fully illustrated.

THE
MEDICAL ADVANCE.
A MONTHLY JOURNAL OF MEDICAL SCIENCE.

H. C. ALLEN, M. D., Editor and Publisher.
To whom all subscriptions and business communications should be addressed.
The Editor is not responsib e for the opinions of contributors or correspondents.
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VOL. XVI. ANN ARBOR, DECEMBER, 1885. No. 6

MATERIA MEDICA.

AMYL NITRITE AND NITRO-GLYCERINE (GLONOINE).

S. LILIENTHAL, M. D., New York.

Lublinski of Berlin (Deutsche Med. Wochenschrift, 5, 85) remarks, that Amyl nitrite, Nitro-glycerine and Natrium nitrite are identical in their chief effects. Amyl nitrite is very little used on account of its transitory action and other disagreeable manifestations, produced by it. Nitro-glycerine is tasteless, acts more thoroughly, can be used subcutaneously, but easily causes nausea, vomiting; and sometimes rather dangerous symptoms. The dose of Natrium nitrite is differently given by authors on account of its different preparation from the admixture of Chili-Salpetre, of which some salts contain as much as 80 per cent. It is advisable to begin with the smallest doses, as 0.05—0.1, at most 0.15 are very large doses. Its action on the circulatory apparatus is rapidly observed. After hardly a quarter of an hour we see a decided increase in the beat of the apex of the heart and in fact in all the sounds of the heart. The

number of pulsations increase with a simultaneous decrease in the tension of the arterial walls, the pulse becomes smaller and softer, in some cases clearly dicrotic. Simultaneously fulness of the head and sensation of pulsation in all bloodvessels, stronger in Amyl nitrite and Nitro-glycerine, surring in the ears; photophobia and vertigo do not appear after usual doses. These manifestations give way after half an hour or one hour to a sensation of ease and warmth. The frequency of the pulse and breathing falls again to its normal state. Neither one affects greatly the digestive apparatus, the appetite is not lost and only exceptionally diarrhœa sets in. The quantity of urine is increased by both drugs (through its action on the circulatory apparatus).

Lublinski uses commonly Natrium nitrite and only where it fails, the Nitro-glycerine. He treated 13 cases of angina pectoris with Natrium nitrite and succeeded fully in seven cases. (Sol. Natr. nitr. 2.0 to 120.0, three times daily a teaspoonful; Sol. alcoh. Nitro-glycerine (1 per cent.) gtt. 20 to aqua 200.0 three times daily a teaspoonful). In nine cases of weakened heart the beats of the heart increased in strength and decreased in frequency, so that the cardiac muscle could recover itself. It acted also beneficially in nervous palpitations (12 of 18 cases), in asthma nervosum (6 of 10 cases), asthma bronchiale (7 of 13), in migraine, especially in the angiospastic form, in cerebral anæmia, but it failed entirely in epilepsy.

That Amyl nitrite and Nitro-glycerine are not identical drugs, Lublinski might have learned by reading their differential diagnosis in Hughes' Pharmacodynamics, 4th edition, page 495, but to make the matter doubly sure, let us compare the two and we feel only sorry that we have no proving yet of Natrium nitrite. Allen in his *Encyclopœdia* gives us:

AMYL NITRITE ($C_{10}H_{11}O,NO_3$).	GLONOINE ($C_3H_5(NO_2)O_3$).
Mind.	*Mind.*
Anxiety, as if something might	Fear and terror, feeling of im-

happen, must have fresh air.

Throbbing in the head, bursting out feeling in the ears, constriction of throat and heart, made me think I had taken too much, and from actual fright I ran to the window to breath the fresh air. (St. Clair Smith.)

Complete obliviousness of recent conversation.

Head.

Heat and throbbing in head; feeling of intense fulness in the head, followed by a dull aching in the head; *slight vertigo* (rarely).

Sense of tension in temples.

Sensation of something rushing upwards and throbbing in vertex.

Throbbing in occiput.

After the weak feeling passed off, the arteries seemed to be numb along their course.

Eyes and Ears.

Protruding, staring eyes.

Objects begin to look yellow.

Sight hazy and indistinct.

Throbbing in ears; bursting sensation in ears, as though the membrana tympani would be

pending misfortune with constriction of throat and chest.

Loss of Consciousness, with congestion to the head or heart.

Confusion of ideas and loss of strength, with diminished power of tongue.

Cannot collect my thoughts.

Head.

Vertigo with nausea, transient dimness of vision, and reeling of the body.

Congestion to the head and heart (alternating), pressing and throbbing in temples.

Sensation as if head were too large, with tightness and throbbing in temples; sensation as if the whole head were crowded with blood; sensation as if the skull were too small.

Headache from the front backwards and from below upwards, < by shaking the head or moving.

Shocks in the brain synchronous with every pulsation of the body.

Eyes and Ears.

Staring, wild look, protrusion of eyes, pupils somewhat enlarged.

Dimness of vision, with vertigo, < when rising.

Flashes of lightning almost constant before eyes.

Visionary objects dancing before eyes.

Throbbing above the ears; heaviness, deafness and sensation of being stopped up in ears.

forced out with each beat of the heart.

Face.

Face scarlet (immediately); flushing of face, followed by turgidity of the facial veins.

Face intensely red and hot; on passing off, the face becomes paler than usual.

Mouth and Throat.

Choking feeling in throat; the collar seemed too tight, with desire to loosen it.

Stomach and Abdomen.

Nausea; constriction and pressure over præcordial region, as though he wants to rub it.

Respiratory Organs.

Feeling of constriction in throat extends to chest, producing dyspnœa and peculiar sensation of choking and great inclination to cough; præcordial anxiety.

Heart and Pulse.

Cardiac oppression and tumultuous heart-action.

Ringing in ears and audible pulse.

Face.

Redness of face, throbbing of temples, pulse 112, for several hours; face feels hot, full and bloated, followed by remarkable paleness and faintishness.

Cyanosis of lips; burning twitching in masseter muscles; tight contractive sensation in jaws, especially lower ones.

Mouth and Throat.

Throbbing pains in teeth; pricking, biting on tongue, as if the spot were sore; mouth dry and clammy, throat dry and painful during swallowing; sharp burning in throat with choking sensation.

Stomach and Abdomen.

Great desire to smoke; desire to drink cold water; nausea and pain in stomach, with rumbling of intestines; deathly sick with the headache, like sea-sickness; rumbling in abdomen, belching of wind, loss of appetite. Abundant urine, containing large quantities of albumen.

Respiratory Organs.

Rattling of mucus in air passages; spasmodic constriction of larynx and upper trachea; inclination to deep respiration and to sigh; dyspnœa and loud mucous râles over whole chest.

Heart and Pulse.

Remedy felt first in the heart, then in head; violent action of

Pulse beats increased in frequency; at first slow and very strong, then quicker and jerking, finally irregular.	the heart, distinct pulsation over the whole body < when stooping; pulse accelerated with the throbbing headache; irregular.
Extremities.	*Extremities.*
General relaxed, weak feeling, uncertain trembling sensation over whole body; sweat general.	Sharp pricking pains in arms and legs; great lassitude and weariness with tingling in limbs; faintness and fainting; sweat especially on forehead and chest; with relief of all symptoms.

Hering in his *Guiding Symptoms, Vol. I, 237,* found very few cases on record by Nitrite of Amyl, mostly palliations of incurable cases, and considered it of the utmost importance as regards euthanasia. He recommends it in epilepsy (dread and sensation of an oncoming fit), in infantile convulsions, in angina pectoris, in flushing of the face during climaxis and heart disease; it may relieve sea-sickness. He considers it similar to Coca in relation to flushings when excited, as in company, and we know now, that a middle dilution of Cocaine cures sea-sickness.

It is a pity that the *Guiding Symptoms* have only reached a fourth volume, but we know of Glonoine, that it has not only relieved, but fully cured many a neurosis. Thus Guernsey (*Obstetrics, 373*) recommends it for: "Whirling in the head, with giddiness; sensation as of expansion of the brain, the head feeling as though it would burst; confused feeling in the head; perceptible throbbing of the carotid and temporal arteries. The headache or the neuralgia has been brought on by *exposure to the rays of the sun,* or is aggravated by such exposure. Cannot bear the head covered." Of cerebro-spinal meningitis he says (932): "Pain seems to ascend from the chest and neck to the occiput; pain the whole length of the spine; oppression of chest; blindness with faintness and nausea; congestion of head, with sense of expansion. Cannot bear heat about the head, (first stage, at any rate before exudation takes place)."

We expected to find among authorities a more frequent application of Glonoine in diseases of the heart. Raue does not mention it, nor do we find it in the essays of Lade or Armstrong. We turned therefore to the article on angina pectoris in Arndt's Encyclopædia, written by our old friend Hale, and more yet to an article by the same writer in the November number of the *Hahnemannian*, and quote from it: "It is a law of physiological mechanics, that the excitement of the heart (here during puberty) increases with the diminution of resistance. This is exemplified in a beautiful manner, when a person inhales Amyl nitrite or takes a dose of Glonoine. These agents increase the calibre of the peripheral arteries, and as soon as this is done, the heretofore quiet heart bounds into unnatural activity. It beats rapidly, it palpitates and quickly suffuses the whole body with an unusual supply of arterial blood." And, page 646, Hale quotes Ringer: "Flushings in climaxes resemble the action of Amyl nitrite. In both, the peripheral capillaries of the body are relaxed, allowing the central circulatory system to empty itself into them. As Amyl relieves a congested heart, or an attack of angina pectoris (now known to be due to spasm of the coronary arteries), so do flushings at any period of it." Hale has often used it to imitate nature's processes, in cases *where the heart seemed cramped and oppressed, with cold face and cold extremities*, which condition often occurs at the change of life, when flushings are absent. As the repeated use of Amyl nitrite and Glonoine will weaken the heart, so will long continued and often repeated flushings.

And still in the enumeration of remedies for that hypertrophy during certain epochs of life, Hale wisely leaves them out, for Amyl nitrite as well as Glonoine are only functional remedies, and their action fails, as soon as organic mischief renders the symptoms of more importance. We see here again the old proverb verified; "the dog which barks, does not bite," and especially in cardiac affection it is

well known, that serious troubles may exist without manifesting themselves by severe pains.

Thus we also explain the contradiction in the use of Glonoine in epilepsy, a disease often incurable, because some cerebral ganglion is deeply affected in its organization. Still recent writers (Dr. Granville, *Brit. Med. Journal*) found Nitrite of Sodium satisfactory in gouty epilepsy, especially in female members of gouty families; it is quite noteworthy, that Lippe employs Natrum carbonicum in headaches from exposure to the sun or to gas-light, such as Glonoine benefits, and those who praise Glonoine in epilepsy, refer to cases originating in sunstroke or at any rate from a cerebral congestion alternating with congestion of the heart, and may we therefore not hope that the Natrium-nitrite may yet succeed, where the Glonine seems indicated and fails (compare in recent cases Hydrocyanic Acid, Ignatia, Indigo).

In some cases, especially neuralgic ones, the action of Glonoine may be compared with our trusty Chamomilla, as emotional excitement prevails in both. In the former we have, e. g., prosopalgia with throbbing pains in the gums of one side, rapidly followed by darting and stinging shocks of pain extending upwards throughout the malar bone of the affected side and downward to the neck, with great emotional excitement from the severity of the pain; while we find Chamomilla more indicated in facial neuralgia with hot sweat about the face, extorting screams from the wild and unruly patient, who is constantly tossing about, twitchings in eyelids, eyeballs, lips, and facial muscles. And Hale recommends Amyl nitrite in supraorbital neuralgia and in prosopalgia, especially where the flushing of the face is attended by heat or perspiration of the head, face, and neck, while the hands and feet become very cold and sometimes continue so for hours.

Whereas Amyl nitrite, according to Hoffman (Bartholow Mat. Med., p. 429), hypodermically applied causes in rabbits glycosuria, we read in Hering that Glonoine causes

albuminuria; whereas in the former the urine remained free from albumen and phosphates, and shows only a specific gravity of 1012 to 1014. At any rate we have here another proof that Glycosuria as well as Albuminuria originate primarily from perverted or exhausted nerve-force, and only at that, still functional, state can we expect some benefit from these Nitrites. What a pity that we have no provings from Sodium Nitrite!

Dr. Mary Putnam Jacobi found the inhalation of Nitrite of Amyl very serviceable in neuralgic dysmenorrhœa (Bartholow l. c. 430), which is possible as the *Guiding Symptoms* give us: "Contraction of the muscles in lower part of abdomen, as though they were all drawn together over the region of the uterus; region of uterus, fallopian tubes, and ovaries felt very hard on pressure; during catamenia most violent left-sided headache, beginning in the morning, most violent at noon, lasting till evening, with frequent vomiting." We miss similar symptoms in Glonoine, for Hering gives us only: "Instead of menses; congestion to head, face pale, aggravated in warm room, ameliorated when walking in the cold air; diarrhœa, fainting, and before, during and after menses, or when they do not appear, fulness in head, throbbing." We read of similar symptoms in the salts of Sodium, thus the carbonate has: "Too early and long lasting menses, preceded by drawing in the nape of the neck and accompanied by tearing headache, distended abdomen in the morning, relieved by diarrhœa." The Chloride of Sodium gives us even "dysmenorrhœa with convulsions; every morning pressure and pushing toward genitals; must sit down to prevent procidentia." Might we not therefore expect much from Sodium nitrite in that direction, and our studies lead us thus to the conclusion, that from the evanescent Amyl nitrite to the Sodium nitrite the symptoms rise gradatim; that Glonoine holds middle-ground; and we expect therefore much from a thorough proving of Sodium nitrite, which by its beneficial

action might eradicate this perverse nervous function, and thus prevent to become a habit, what at first was only an irregularity.

Another drug! Our Materia Medica Pura can stand another addition! It takes many a brick to build a house, it must take many and different drugs to suit the many ailments, which still rage in our age of perverted civilization. The millenium is not yet at hand.

NUX MOSCHATA: AN INVOLUNTARY PROVING.

EDWARD CRANCH, M. D., Erie, Pa.

Mrs. B.—age 25, married four months, nervous temperament, pale, blonde, tall and slender. Menses absent for five weeks.

March 16. Took a whole nutmeg, powdered, for the purpose of restoring the flow. She took the nutmeg at 2 P. M., was thirsty for a while, then about 3:30 P. M. had a headache so that everything turned dark. After this she got worse, without noting the order of symptoms, till at 8 P. M., I was sent for, her husband saying; "that she was out of her head, and he did not know what ailed her; was afraid she would die or go crazy."

After my arrival, I was told of the Nutmeg she had taken, and as she had been in excellent health previously to that day, I felt justified in taking this to be the cause of her sufferings. I stayed with her two hours, and noted symptoms with care, as follows:

State of alarm; puts out hands as if to ward off danger.

Laughs heartily, then cries; sighs frequently; then starts and asks: "Where am I?" "Such blackness," "The whole world seems black to me."

Voices sound as if far away.

By a strong effort she can see, at times, but only one person or object at a time.

Forgets her sensations as soon as past; forgets her words as soon as uttered, but suddenly remembers.

Cries out often in her sleep, then suddenly asks if she did cry out.

"I'm crazy."

"Don't let them make fun of me."

Can answer questions if asked very emphatically; says she has had some pain, but forgets when or where.

Notices her own mistakes, but instantly forgets again.

Is impatient of any delay.

Appeals to others to know if they do not see, hear and feel, her various symptoms.

Sounds as if chains were in her head, (subjective).

Pains mostly at back of head; if touched there, says it touches her brain.

"Oh! don't you hear my brains crack?" "Head so queer."

Says her "brains hit together."

She jumps with an outcry of pain, and says: "Oh, can't you hear them?" (the brains?)

Cries easily, says it hurts her to laugh or cry. "Nearly kills her inside."

Eyes wide open, staring; mouth dry; no thirst; bad taste in mouth.

Nausea, but cannot vomit.

Stomach feels sour; fans herself.

"Heart feels awful." Skin cool; face pale; faint, sinking sensation.

Trembles much; cannot hold still; begs to be held; legs and body jerk violently, knees up and body forward.

She is afraid to lie down. Has frequent painful cramps in legs.

Pulse rapid but full, 120 to 140.

Feels sleepy all the time, "or as if going to faint;" drops off almost asleep, with eyes open.

Feels numb all over; "Oh so numb."

Chokes when she tries to swallow. Attacks of dyspnœa.

March 18. Quiet, has slept little, has no appetite.

March 19. Came to my office, feels weak, lazy, dull pain in back of head.

Cannot bear anything to touch her stomach, slightest touch produced Nausea.

Bad taste in mouth; pulse normal; sighs often.

Can hardly breathe unless clothes are very loose.

Bowels regular; restless, jumps, starts; shocks in head; better in open air.

Courses have not yet appeared. June 13 expects confinement.—*Proceedings I. H. A.*

PAREIRA BRAVA.

C. M. FOSS, M. D., Dexter, Me.

Urinary Symptoms.—Violent pain with strangury; wants to press head against floor when trying to pass water, with great pain, even spasms.

Dropsical swelling of feet and legs. Urethritis, with severe pain when passing water, and discharge of mucus from urethra.

Violent itching in entire length of urethra, with scalding when passing water; distress after urinating, with shooting pain in orifice of urethra.

Urethritis, with prostatic trouble.

Dribbling of urine after micturition (Selenium).

[To which add symptoms in Hering: "Almost cartilaginous induration of mucus membrane of bladder. Constant urging to urinate; violent pains in glans penis; straining; pain extorts screams; must get down on "all fours" to urinate; urine contains much viscid, thick, white mucus or deposits a red sand.

Pains down the thighs during efforts at urination.

Urine has a strong ammoniacal odor."—Ed.]

CASE I.—Mr. N. W——, aged 68. An old case of pros-

tatitis; constant urging to pass water, with entire inability. I used the catheter from four to six times in twenty-four hours. His feet and legs were very much swollen, and he continued to grow worse for a number of weeks; so that when he wanted to pass water it caused spasms, and he had to be put into a warm bath before I could pass the catheter. I was sent for in haste, as they thought he was dying, and found him on his knees with his head pressed against the floor, bathed with cold sweat, and in that position he had been able to pass a few drops of scalding urine. I at once administered Pareira brava 1x, with rapid relief of all the symptoms. Swelling all disappeared from feet and legs, and for over three years he has been well and able to attend to business.

CASE II.—Very much like the first; an enlarged prostate with retention of urine. Had severe attacks two or three times a year when he was in great distress and had to have the urine drawn for a week or two. I had used quite a number of remedies, but after Pareira brava, have not had to use the catheter but twice in two years. When he feels this symptom coming on, a few drops of the remedy will relieve him at once.—*N. E. Medical Gazette.*

CLINICAL VERIFICATIONS.

RECOLLECTIONS OF PECULIAR CASES AND INCIDENTS DURING A PRACTICE OF ABOUT HALF A CENTURY.

BENJ. EHRMAN, M. D., Cincinnati, Ohio.

CASE I.—*Camphor.* My first prescription, in consultation with my first partner, in an eastern city, had such a beneficial effect, that it astonished my partner as well as myself. The case was an elderly lady suffering with dysentery for six or seven weeks, and attended by a very heroic allopath. She could hardly leave the sick chair (commode)

on account of the constant straining, and the passage of some blood and mucus. My partner proposed Merc. cor., but I thought that we had better give first Camphor and Coffea (low) as general antidotes to previous medication, as well as to establish a foundation for future treatment, and revive the depressed vitality. Camphor and Coffea were given every half hour in alternation. About six hours afterwards we visited her again and found her completely relieved of all dysenteric trouble. She was now in bed and merely complained of some sore or raw feeling in her chest, with a dry, short cough, worse when lying on the left side. For this condition she received a few pellets of Phosphorus[30] on her tongue and Sac. lac. in aqua. Next day she did not need any more medicine.

CASE II.—*Mercurius cor.* While visiting a patient at some distance from the city. I also made a friendly call on his neighbor, who was occasionally a patient of mine. When I entered he was pacing his room, up and down, in great distress, saying, that he was suffering with cutting pains in bowels and discharges of blood and mucus with straining. I put a few pellets of Merc. cor.[30] on his tongue, and nothing more. A few days afterwards I received a note from him, saying that he had had no pains or discharges from his bowels since I put those pellets on his tongue. Is this a coincidence, or is it homœopathy?

CASE III.—*Pulsatilla.* A stranger called on me for a prescription for a cold in the head. Symptoms: constant obstruction in the nose; thick yellow discharge; worse in doors, better in the open air, etc. One dose of Pulsatilla[30] dry on the tongue, followed by placebo. In a few days he called again, simply to express his gratification. He was cured. He said, for three weeks he had prescriptions from several doctors, but none did him any good.

CASE IV.—*Sanguinaria.* A lady drove in her carriage to my office, her family physician having recently died, to get a prescription for her nervous headache, to which she

was occasionally subject. Symptoms: throbbing, shooting in right temple, worse from any motion, concussion, or even the walking of others, etc. Gave her a prescription of Sanguinaria[200] and put a few pellets of the same on her tongue before she went away. About ten minutes after, she came again, and I supposed she had lost the package of powders, but she said, that she came merely to tell me to remember the medicine I put on her tongue, because it helped her immediately, and such an effect she had never experienced in all her life from any prescription from her former physician.

CASE V.—*Veratrum alb.* Being summoned to court to testify before a jury, I observed that one of them had to leave the court-room every now and then, thereby interrupting proceedings. As soon as the judge observed me, he requested me to give him something, that might obviate this delay. I found him suffering with diarrhœa, profuse, frequent, watery stools, without pain, but a good deal of rumbling in the bowels, weakness, and prostration. A few pellets of Veratrum alb.[30] put on his tongue relieved him at once, and he had no more evacuations during the progress of the trial, to the satisfaction of the judge, juror, and myself.

CASE VI.—*Sulphur.* While attending some members of a family, the lady of the house complained that she had not felt well for some time, but did not like to become also a patient. She said that she dieted for weeks and did all she could, but to no purpose. *All day she feels sleepy, but when bed time came she could not sleep.* I gave her but one dose of Sulphur (80m Fincke). About a week after she asked me whether I expected any effect from the dose I had given her. Being answered in the affirmative, she said: "Well it is remarkable, but I must confess that I have slept well ever since."

CASE VII.—*Natrum mur.* A bright girl, about six years old, was aroused from sleep every night for some time past

with the cry; "there are robbers in the house." She would not be pacified until the house was searched. Gave her one dose of Natrum mur. (40m. Fincke) dry on her tongue, followed by placebo. This little bit of salt drove the robbers out of the house, and she slept unmolested by them in the future.

CASE VIII.—*Coffea.* I was summoned to a lady whom I had, years before, relieved with one prescription of a headache, which her family physician had failed to cure. When ushered into her room, she was in a frantic mood, flying up and down the room, crying and lamenting. As there was no chance for conversation, I succeeded with a little strategy in putting a few pellets on her tongue, and then concluded to wait, until she became calm. In a moment she turned around and asked me what I had given her. I asked her why. And she answered; "*because I feel almost cured already.*" On being told that I had given her the two hundredth potency of Coffea, she said that she had taken medicine according to Pulte's book for a week, but none did her any good. She remained cured by that one dose, as I ascertained afterwards. If the pathological doctor should ask what disease I prescribed for, I would answer, for the vividly demonstrated hyperæsthesia.

OUR LITERATURE.

AD. LIPPE, M. D., Philadelphia.

It is high time to protest against further disgraces inflicted upon the homœopathic school of medicine by such publications as a late one issued by the Hahnemann Publishing House, Philadelphia. This last disgrace is a work with this title page—"A System of Medicine based upon the Law of Homœopathy." The work is not only a disgrace to homœopathic literature, but to the medical literature at large. On the very first page of the preface the

author, H. R. Arndt, M. D., indulges in a cheeky assertion, which is an insult to every true homœopathician when he says "the entire homœopathic school have, for years, experienced the want of a work on "*practice.*" This assertion with which the author excuses the appearance of this work is, to begin with, *a fatal error*! It may be the learned author is one of an illogical set of men, who assert that the Hahnemannians are not Homœopaths; if he is of that opinion then *he* is "all right," while his opinion is worse than a fatal error. Who wants a work on "practice?" And who, among the homœopathicians, does not know that such works from the homœopathic standpoint are an absurdity, an impossibility. The author fables about the treatment of *diseases*, ignores the long established and well known fact that neither homœopaths nor the progressive Allopaths (of course a minority of the medical fraternity) attempt to treat diseases by name, but teach and demand that sick individuals, not sick physiology, should be treated, if treated at all. Who then wants a work on "practice?" The rising graduates of professedly homœopathic colleges where homœopathy is neither appreciated nor taught by the teachers? Such unfortunate graduates will invest in a work on practice, and will be sadly disappointed if they fail to cure, as they surely will if they have no better guide than such a misleading work. The rising graduate will find that this work contains no references to the recorded clinical observations made by the early pioneers of our healing art—a very bonanza is to be found in Dr. Ruckert's works—nor is even mention made of an attempt to write a work on "practice" by Hartmann (Hartmann's Therapie) which to this day continues to be the most valuable work of its kind. What we have before us is nothing but a carricature of Homœopathy, an attempt (and an abortion it will always be) to adorn our healing art with a pathological livery; an attempt to modernize our school; an open bidding for recognition by the common school of medicine by the incessant quotations

from their writings. There is even less Homœopathy in this carricature than was to be found in an abandoned work, "The Organon of our Healing Art," by Charles Julius Hempel. The late C. J. Hempel, under whose tutelage the present author of another carricature imbibed the idea of upsetting, uprooting and destroying the healing art promulgated by that great philosopher, Samuel Hahnemann, by means of carricatures. This same C. J. Hempel wrote and published an *Organon*. Even then, many years ago, the *Organon*, by Samuel Hahnemann, was not much read by the professed Homœopaths, and if these new recruits have read it, few of them were capacitated by early education and training to comprehend it. Hempel's *Organon* was printed, but an appreciative, or, if you please, an unappreciative medical profession failed to buy it, and the disappointed publisher had to dispose of his venture at the paper mill.

Let us open the present work and see what good we may find in it. On page 299, Vol. I, we have "cancer of the lung," by H. R. Arndt, M. D., the same arrangement exactly that we find in allopathic works. A long description of the pathology, almost three pages. It may be that we have not progressed (backwards) with the times, but we have always thought that the needful knowledge of pathology was supposed to be in the possession of a medical man who was entering upon the study of "practice." To find, that after all the various and frequently contradictory pathological teachings of the old school stand in no relation to the "practice" proper, because it is well known to every reflecting physician that each case of sickness is a case *per se* and must be so treated on its individual merits. We must therefore presume that the author of this work impliedly asserts his belief, that the entire homœopathic school, which has, for years, experienced the want of a work on "practice" require to have pathology taught them. Very likely all men who want a book on "practice"

desire to be taught pathology as a basis for "practice."

After the pathological enlightenment comes the semiology, no doubt of great value to the healer, as well as the chapter on *auscultation and percussion.* This is followed by diagnosis and finally by prognosis and treatment. The treatment belongs exclusively to the "practice;" but we can not agree with the learned author when he says "the prognosis is absolutely hopeless." Hopeless, to be sure, if the practice by him recommanded is adopted; but that practice is not homœopathic practice, nor is it based on, "The Law of Homœopathy," or homœopathic principles. We are taught on page 305 to resort "eventually to the judicious use of narcotics when imperatively demanded by the condition of the patient," and further on he says: "Relief may be afforded by the use of counter irritants, particularly small blisters, dry cupping, or by the performance of paracentesis." "The use of morphine, chloral hydrate, and anodynes generally, becomes a necessity sooner or later." And the author palms such *pernicious* treatment off as based on "The Law of Homœopathy." It will soon be fifty years since we entered the profession. Many grave, incurable cases have been treated during these many long, busy years, but never did we find it necessary in any case to use anodynes. Consider the terrible fate of the incurably sick who fall into the hands of ignorantly stupid physicians of the allopathic school, the agonies to which such unfortunates are subjected when the anodynes, having deranged the stomach and the nervous system, have no longer any effect, but a sickmaking one. The allopathists know no better; but when a professedly homœopathic teacher comes to advise such pernicious, senseless "practice," he becomes a traitor to homœopathy and forfeits the honorable name of a Homœopath. Did Hahnemann ever advocate such ignorantly brutal treatment? Did Hahnemann not strenuously object to all such absurdities? Painful and incurable cases are always manageable under the careful, painstaking ap-

plication of the law of the similars, and the incurable will be relieved promptly of all their sufferings, even of the death agonies. The blessings of our noble healing art will be enjoyed by the sufferer, and that sick bed even to the end bears no comparison to the scientific tortures inflicted on the sufferer by these cursed anodynes.

How then do we know that the "prognosis is absolutely hopeless?" Because we have diagnosed a disease hitherto supposed to be incurable? Here, as in his anodyne departure, the author shows his ignorance of the superior knowledge of prognosis enjoyed by the true healer. It is but a short time ago that Dr. Kent (St. Louis) shed some light on the superior knowledge our school has in prognosis.

In every case of sickness the first question, when a prognosis is to be made, is this; are the vital forces of the sick individual strong enough to fully overcome, or at least mitigate the sickness? The old school is again at her ordinary guess work. She has no means by which to measure or weigh the vital forces, and the author of his "System of Medicine" appears to be ignorant of the means homœopathy possesses to ascertain the strenght, the weakness, or the sinking of the vital forces; therefore the author slinks back into the antiquated guess work of the old school and its palliative treatment, so detrimental to the sustenance and support of the vital forces. The homœopathic healer appreciates fully what hippocrates, the father of medicine, said about prognostications: "That the public would have most confidence in the healer, who could say what was to be expected in future, as the past and present condition of the sick was by anybody easily observed." Now the cautious, true healer, will not unhesitatingly declare a sick person's condition, "absolutely hopeless" except he finds the sick absolutely in a state of dissolution. The true healer will obtain a complete statement of the past and present, objective and subjective, symptoms of the sick and will administer the similar remedy in a single dose. Under the hom-

œopathic method he well knows how to follow the effect of this remedy. It may be an aggravation of the existing symptoms, followed by a steady improvement, showing that the sick has a great amount of vital force left. Prognosis of course favorable. Or, an aggravation of existing symptoms is hardly perceptible, the improvement is of short duration, when new symptoms not caused by the remedy, but showing a further development of the disease, appear, making it necessary to change the remedy again, the improvement of existing symptoms becomes shorter and shorter, and the remedies have to be changed oftener, clearly proving that the vital forces are becoming very perceptibly exhausted. Prognosis unfavorable; life will cease after all the vital forces are exhausted. But life will be made less burdensome, pains and sufferings will be diminished under a careful strictly homœopathic treatment, till all the vital forces have been exhausted, and a peaceful dissolution follows. The strictly administered homœopathic remedies are the only possible palliatives, and no true honest healer will ever, under any circumstances, borrow the destruction bringing and suffering augmenting palliatives, falsely so called, from the old school. To find them recommended in a "System of Medicine based upon the Law of Homœopathy" must surprise every thinking person, and will be considered the height of absurdity.

Finally we find on page 10, of the preface, a silly excuse in advance, for the absurdities recommended in 'practice.' The author says: "The information thus furnished, and the directions here given, do not in the least compromise the dignity and the clinical value of the homœopathic law, but represent the homœopathic practice of to-day as it really exists, and will prove the means of saving our younger colleagues much anxiety and possible blundering; these considerations will more than outweigh any criticism which can be offered on this score." Here is a new departure from ordinarily adopted arguments. The first proposition

on which the learned author bases his argument, is that what he teaches represents the homœopathic practice of to-day as it really exists! The profession is perfectly well aware of the deplorable fact that there exist many unscrupulously ignorant men who *profess* to practice homœopathy and yet resort to allopathic palliatives, who never knew any thing of the methods of Hahnemann, and just blunder away as they think best. Are these men homœopaths, because they so call themselves? And does their practice therefore represent homœopathy? These men bring only *disgrace* on our noble healing art, and the author of this work is the first public teacher who openly and unhesitatingly comes forward as their leader. The homœopathic practice based on the teachings of the master will be successfully carried on, in spite of this author. The younger colleagues, whose cause and practice this author espouses will, before long, seek shelter in the ranks of the eclectics, where they belong. We leave them in full liberty to enjoy the false teachings they find in this work, and in full liberty to lament their increasing failures to cure their patients.

AMEKE'S HISTORY OF HOMŒOPATHY.

S. A. JONES, M. D., Ann Arbor, Michigan.

"Whatsoever of morality and of intelligence, what of patience, perseverance, faithfulness, of method, insight, industry, energy; in a word, whatsoever of strength the man had in him will be written in the work he does;" and the work then remains as a testimony after the workman has gone whence he came. Of the influence of his example death cannot deprive him, nor of the ever-ripening fruit of his faithfulness, nor of the never-failing reward of his perseverance. His work, with its example, its lesson, and its fruition, is not at the mercy of men. The false witness shall be put to shame, the buried truth shall have its resurrection,

the clouds of obloquy shall be dispelled, and the eternal justice declared. The vindication of the workman is vouchsafed; it is "written in the work he does."

The volume under notice is a contribution towards this vouchsafed vindication, and there is an unwonted significance in its appearance at this time. It comes at a period in the history of Homœopathy when the largest organized body of homœopathic physicians in the world is devoting its strength to an endeavor to subvert some of the most important of Hahnemann's work.

The initial portion of the book is a presentation of Hahnemann as a chemist and pharmacist, as a physician, and as a man. To the large majority of American homœopathic physicians Hahnemann is little more than a name. He is to them the author of a system of medicine that they have never studied in its wholeness, and the expounder of theories that they reject without a competent investigation. It were well for such Lilliputians to learn the dimensions of this Gulliver, to try and comprehend him upon whom *they* essay to sit in judgment. To see a chemist judged by those who are not chemists, a physicist estimated by those who are not physicists, a philosopher condemned by those who are not philosophers, is a spectacle for which we are indebted to the American Institute of Homœopathy; but this body should be aware that there is no need for *it* to demonstrate that ignorance and impudence are correlated and commensurate.

We find that Hahnemann was accepted by competent cotemporaries as an authority in chemistry, and that as a pharmacist he exerted an influence that was recognized and respected. We also learn from this period of his life-history that he was earnestly scrutinizing and improving the tools of the physician. This was a fitting apprenticeship for the man who was to propound a theory of dynamization and to introduce a new posology. He spake whereof he knew. Are his latter-day critics doing likewise?

We still further find that as a practical physician, Hahnemann was honored by the most competent of his cotemporaries. He was, still farther, a scholar of note in a nation of scholars. He read in many languages, the archives of medicine were open to him, and he ransacked them. Moreover, he thought for himself, and from such reading and such thought, came his theory of chronic diseases. Surely he had a right to his own thought on these subjects.

In addition to all this, we find that his active literary life reaches from 1777 to 1837—half a century—in which he made a reputation as a chemist, as a pharmacist, as a physician, as a scholar, as a philosopher, as the founder of a system of medicine, and as the author of a Materia Medica that alone would justify a life spent on only it. Of a truth, the morality, intelligence, patience, perseverance, faithfulness, method, insight, industry, and energy of Hahnemann do "lie written in the work" he has done, and against such qualities all the powers of darkness combine in vain.

The larger part of Dr. Ameke's volume is devoted to an enumeration and examination of the criticisms, animadversions, and attacks upon Homœopathy that began with Hecker in 1796, and have been continued to 1882. The value of Dr. Ameke's labor here is that it will save some future historian much painful research, and that the reader may learn what objections were urged against Homœopathy, and may estimate their validity when tried by the test of time. He will find that many of the strongest points have been relinquished by the very school that advanced them; that much which was at first condemned is now accepted by the descendants of the condemners; and he will learn that truth defies the malice of the very devil. It is pleasing to know that in many of these old-time criticisms Hahnemann's scientific and professional reputation is fully recognized, his great merit acknowledged, and much of his teaching accepted. It is also noteworthy that calumny came with the later years when those who had intimately known Hah-

nemann were dead; and of this species, while he is by all means the smallest, Prof. A. B. Palmer, of Michigan University, may justly claim to be *ultimus crepitus Diaboli. Palman qui meruit ferat!*

It is also a matter of history, and established by Dr. Ameke's researches, that the first "scientific" attack on Homœopathy came from homœopathic physicians. This attack is based on the fact that Hahnemann's theory of dynamization is not in consonance with the teachings of modern physical science. The partisans making this attack propose to repudiate much of Hahnemann's posology, many of his provings, all the data, in fact, derived from the use of certain potencies. These ends necessitate a condensation of our Materia Medica by elimination, which is now attempting to be done.

The fate of a house divided against itself is a proverb, and it would seem that the hereditary enemies of Homœopathy might sheathe their swords and wipe their pens while its own household hurries it to destruction.

But we learn from Dr. Ameke's book how much Homœopathy has sturdily survived despite its theory of dynamization and its conception-defying posology. Like the oak, it is all the stronger from the storms that have wrestled with it. The strong arm of the State has not been able to strangle it; malice has done its worst, falsehood has spent itself; and now science threatens it with—facts? demonstrable truths? No; but with its oldest hypothesis. And what is the mess of pottage for which the homœopathic Esau sells his birthright, and condemns the Materia Medica by which it held, now holds, and will hold its puissance against any and all its foes? Simply and only *the atomic theory of the ultimate structure of matter.*

This is the bugaboo that has frightened our *sans culottic* savants.

These savants began work with the postulate that *whatever is invisible is not.* They said, visibility denotes the

limit of divisibility. But such a degree of molecular dimensions as physical science recognizes, obliged these savants to retract their foolish postulate, because the "molecule" is *invisible* by any means at the command of man.

Having failed to demonstrate the invisible with the microscope, these savants accept Sir William Thomson's hypothetical dimensions of the molecule, and fling to the winds all "potencies" above the 11th centesimal. But many provings have been made, and much clinical evidence acquired with and from much higher potencies. Then away go all provings with such potencies, and much of the clinical work done with such potencies, and by which we have won and held our position for three-quarters of a century. On this incontinently they begin to condense our Materia Medica by elimination.

These savants have overlooked Sir William Thomson's vortex theory of matter, by which a dynamic rather than a materialistic philosophy of the universe must obtain. Said Oken, long ago, "The universe is God rotating." Says Sir William Thomson, "matter, such as we perceive it, is merely the rotating parts of a fluid which fills all space." "The idea that motion is, in some sort, the basis of what we call matter, is an old one; but no distinct conceptions on the subject were possible until Von Helmholtz, a quarter of a century ago, made a grand contribution to hydrokinetics in the shape of his theory of vortex motion."*

When it comes to mere trading in hypotheses, that of the hard, indivisible atom of Lucretius is a much cheaper thing than the more refined "vortex motion" which is a better evidence of the immanence of the Creator. Suppose we say, "The universe is God acting," and then see whither that hypothesis will lead us. First, then, "In the physical universe there are but two classes of things, matter and energy." We are made cognizant of matter by energy.

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*Tate. *Properties of Matter*, p. 19. Edinburgh, 1885.

That which energy makes known to us, we call matter. Then why not say with Hegel, "Matter is constituted by forces which are outgoings or manifestations of the Divine will." If we say this, then there is but one *thing* in the physical universe—energy, or the Divine will *manifest.*

The physicists find fault with the metaphysicians, and yet the hard, indivisible atom is a purely metaphysical conception. Accepting it as a demonstrated reality has led some of our school to reject Hahnemann's posology, and to cast aside much of his Materia Medica. They are guilty of *a petitio principii,* for, at present, so far as demonstration goes, the dynamic theory of the universe is as valid as the materialistic, and to the devout mind far more acceptable, because it is the Divine will manifest.

Of the result of our internicine conflict, there can be no question. The potencies had demonstrated their energy long before this modern challenge came. Provings with the thirtieth potency have established themselves. Daily we give remedies from the data derived from them, and the same reasons that justify us in using tangible quantities of a drug, justify our use of these potencies. If the evidence of our senses is valid in the one instance, it is in the other. We know no more of matter in the tincture than we do in the thirtieth. We recognize matter in the tincture only by its energy, and we have the same criterion for matter in the thirtieth. Our senses detect the energy in each instance, and we are to use our senses not to discriminate the difference in the quantity of matter used but to determine the presence of matter by the energy displayed.

A later history of Homœopathy will record this last vagary to the shame of the American Institute of Homœopathy. We commend Dr. Ameke's book to those with whom Homœopathy is not a trade mark, but a conviction. It gives glimpses of the past, that make us stronger for the duties of the present. It tells of trials and of triumphs, and without the one the other cannot be.

As a history of Homœopathy it is inferior to Dudgeon's Lectures. As a contribution to a later history, it will find a place and do honor to the scholarship and industry of its author.

The cunning touches of Dudgeon's hand are evident in the illustrative footnotes and the apt head lines, and the translator has given ample promise that ante-natal influences have made him the worthy son of a worthy sire. We shall be glad to welcome fresh fruit from his industry.—*American Observer.*

LAVAGE AND GAVAGE.

H. W. CHAMPLIN, M. D., Chelsea, Michigan.

The very favorable experience of the writer in the use of lavage and gavage for the stomach, as indicated by the sample cases reported, prompts the suggestion of its use in *cholera.* We have seen nausea and vomiting, due to causes internal and external to the stomach, relieved at once by this means. In fact it seems to be a physical impossibility for one to vomit after the ablution of the stomach with a pint or more of hot water introduced through the tube. This result is occasionally accomplished by the patient drinking the water in the ordinary way, but the patient generally vomits before the desired amount is swallowed. By using the tube we do not have the nauseating effect of the water to contend with.

Phillips (Materia Medica of Inorganic Substances, Volume I, page 136) explains this relief of vomiting as due to "distending and paralyzing the stomach." Certainly one pint cannot greatly distend an average stomach, nor is it so paralyzed that fluid food does not digest. However we may account for it, the clinical result is certain so far as our experience extends.

Could we but see the same results in the excessive vom-

iting of cholera, what a radical change would result in the course of that dread malady. The benefit to be derived is evident to all familiar with the symptoms and pathology of the disease. We believe that by this means, hot water in considerable quantities can be introduced into the stomach and that it will be assimilated, that the cramps will be relieved, the normal proportions of the blood maintained, that suppression of the urine will be prevented, and the collapse stage avoided.

We can also, by the use of the stomach tube, nourish the patient by administering hot milk, white of egg and perhaps some liquid meat preparations.

Should spasmodic contraction of the œsophagus prevent the introduction of the tube, inhalations of ether or chloroform would be useful. The administration of the muriate of cocaine might prevent any pain on introducing the tube and also act favorably on the stomach.

A CASE.—Mrs. W. C.—Age about 40, mother of four children. Has had several miscarriages. Was called to see her the night of September 19, 1885. Had been sick four weeks, and is probably pregnant, having missed one menstrual period. Has been able to retain nothing in the stomach during the whole time of her illness. The principal symptoms have been the nausea and vomiting day and night of clear, stringy mucus, or a bitter watery fluid, blood and ingesta. There is great burning and distress in stomach and œosphagus, also a sense of rawness. The throat is inflammed and painful and the patient has a severe cough. She is suffering from the effects of salivation, having taken considerable calomel. There is a constant spitting of a viscid, stringy mucus. The patient, an unusually strong woman, has been frightfully reduced in flesh and strength by her four weeks of worse than simple fasting.

She has been under the treatment of an allopathist. The remedies taken so far as the family know are Quinia, Calomel and whiskey. I was informed by the husband that

"the doctor was all right," and "his medicines all right," but his wife wou'd not take any more of his medicine. He also gave me to understand that he had no confidence in my pills and powders.

Diagnosis.—The nausea and vomiting of pregnancy was the original and only trouble, which has been complicated and aggravated by the treatment. There is present now a severe acute gastritis.

Treatment.—I administered first a dose of Nux vomica, to be followed by Kali bich. every two hours. I explained to the husband that I wished to wash out the patient's stomach by means of a stomach tube, and immediately returned to my office for the instrument. During the few minutes of my absence the patient had vomited once. I used the tube with a little more than the usual difficulty, the œsophagus being irritable from its inflammed condition; but we used it successfully, removing considerable dark blood, bile and mucus. The patient could not bear the water as hot as I generally use it, probably on account of the very sensitive condition of the stomach. She rested well the remainder of the night, vomiting a very little in the morning. In the morning we again washed out the stomach and introduced through the tube a pint of hot milk containing the white of an egg beaten to a froth. This was retained—the first nourishment that had been retained for a month.

Lavage and gavage were resorted to twice a day for a few days, after that once a day and then every alternate day until at the end of two weeks the patient was discharged. After a few treatments the introduction of the tube was easy and painless. The improvement of the patient was rapid. An occasional aggravation occurred by allowing some article of food (to satisfy the craving hunger) which was too difficult of digestion. The water was used at a temperature of 110° F. to 112° F., and a little chloride of sodium or fluid extract of hydrastis was usually added. A cup of hot milk

was allowed at intervals of about three hours, between times of feeding by the tube. Scarcely any vomiting occurred after the first use of the tube and no nausea or vomiting has occurred after the first week's treatment, and has not returned at this writing (October 16). During my treatment another menstrual period was missed which with other indications proves pregnancy almost conclusively. Other remedies given were Arsenic, China, and Nux vomica, as they seemed to be indicated.

MISCELLANEOUS.

COMPARATIVE SATISFACTION.

The following from private letters explain themselves:

"I practiced Allopathy eight years and finally became disgusted with my efforts, although my success would compare favorably with that of my brethren. I investigated Homœopathy and have practiced in a crude way for a year, but nothing would induce me to return to the guessing system of the old school."

"I am doing some very fine work with the high attenuations and enjoy it more than I can tell. In no other way are the beauties of Homœopathy seen. I now know why the true Hahnemannian is so enthusiastic and zealous in his work. For years I have used the low attenuations and alternating practice; but nothing would induce me to return to it."

DOCTOR'S DIFFER.

The following case was tried at Walkerton, Ontario, in September last:

"The Assize Court has been occupied for the past four days in trying the case of John Robertson v. Hector A. Bonner. The defendant, who is a doctor, was sued for $2,-

000 damages, for alleged malpractice in setting a broken femur. The case is one of great interest to the medical profession. Dr. Bonner treated the broken femur, adjusting the fragments, placing the patient upon a fracture bed, and applying extension by means of a weight attached to a cord running over a pulley at the foot of the bed, and counter-extension by raising the foot of the bed four or five inches. No splints were applied until about the end of the second week. The plaintiff's leg is now about an inch shorter than the other, and there is a crook in it of about an inch out of its original position. The knee-joint is also stiff. The plaintiff alleges that the method adopted by the Doctor was an improper one, and that the doctor was to blame in allowing the patient to use his leg before proper union had taken place. The plaintiff's view was supported only by the evidence of Dr. Cooke, who was called in to treat the patient, after Dr. Bonner had discontinued his attendance. Dr. Cooke said he disapproved of the method of treatment adopted by the defendant, and thought the plaintiff had been allowed to use his limb at too early a date, which he alleged was the cause of the crook, and also the cause of the inflammation that subsequently sprung up, which had resulted in the stiffening of the knee joint. Drs. Fulton and White, of Toronto, and many other distinguished medical gentlemen were called and approved of the method adopted by Dr. Bonner in the treatment of his patient, which they said was recommended by the highest authority, and was now used in certain instances in Toronto General Hospital, the results being highly satisfactory. Dr. Fulton said the use of splints depended upon the circumstances of the case, and if they were such as to warrant the doctor in allowing them to remain off it added greatly to the ease and comfort of the patient. On the whole he thought Dr. Bonner had treated the plaintiff skillfully and carefully, and was not in any way to blame for the crook in the leg, and as to the shortness, he said it was no more than

might naturally be expected. At the close of the plaintiff's case His Lordship said there was no evidence to go to the jury as to the allegation that the method adopted by the doctor was an improper one, as it had been proved to be a method sanctioned by the highest authority. He would have to leave the other portion of the case to the jury, as to whether the doctor had carefully attended his patient and to say whether the result had been what might naturally be expected if the plaintiff had been properly treated, even assuming the method adopted to be a proper and authorized one. The jury retired about noon on Friday and failing to agree were locked up for the night. They were discharged Saturday afternoon as there was no prospect of their agreeing."

DETROIT POLITICS.

ONSARTIN TIMES.—"Powerful sight o' pollyticks aroun' dis fall," observed Uncle Billy to a patrolman on Russell street yesterday.

"Yes."

"Powerful embarrassin' times, too, fur some o' us."

"I presume so."

"Powerful hard on an ole man like me not to know exactly what to do."

"How's that?"

"Wall, when a stranger takes you out in de back yard an' whispers dat he'll gin you $2 fur yer wote, dat's one sort o' embarrassment. When he doan' come down wid de cash dat's anoder sort. When he's dun cl'ared out an' you can't disremember his name nor de ticket he wanted ye to wote, dat mixes ye all up an' ye ain't fit to do bizness. Powerful onsartin times fur ole folks like me!"

A correspondent after laboring several hours over Part I, Vol. I, "Drug Pathogenesy" to find a remedy for a very sick patient, says he feels as badly mixed up as Uncle Billy in the foregoing dialogue. He has our sympathy.

ANATOMY AND PHYSIOLOGY OF BACTERIA.

The following conclusions are arrived at by Dr. J. M. Selfridge in an article read before the California State Homœopathic Medical Society:

"The observations of Mr. A. S. Keyser (of the University of Maryland) confirm the statements made by 'Neisser as to the constant presence of the 'gonococcus' in specific purulent discharges.'

'Neisser claims that this micrococcus has distinct morphological characteristics.' But his observations are not sustained by other microscopists. Dr. Sternberg, for example, after much painstaking and very persevering investigations, says that his 'observations have *not led him* to the conclusion that these morphological characteristics are peculiar to the micrococcus of gonorrhœal pus.' He has found a micrococcus 'in normal human saliva,' which resembles it in all its morphological characteristics. Numerous other observers have found similar organisms in 'acute abcesses from surgical injuries, etc.' Ogsten has given much attention to the study of these, and in his report on 'Micro-organisms in Surgical Diseases,' he gives figures of micrococci which resemble very closely, if they are not identical with the 'gonococci of Neisser.'* To settle the question of morphological characteristics, Dr. Sternberg made numerous culture experiments with 'gonorrhœal pus taken at the moment of its escape from the *meatus urinarius*,' and the 'pus from a deep seated abscess.' 'No difference was detected in the morphological characters, or in their behavior in a culture-fluid, between the micrococci from these two sources.'

The conclusion drawn from this is that the only difference between the micrococci found in 'normal human saliva' and those found in 'deep abscesses,' as well as the 'gonococci,' consists in the *media* in which they are found.

*Sternberg.

That the so-called 'gonococci' are found in gonorrhœal pus, and that when brought in contact with other mucous surfaces, a similar inflammation will be excited, is not to be denied; but that they are the *cause* of the 'specific virulence of the fluid' in which they are found is *most emphatically denied.*

What, then, is the cause of gonorrhœa? Having had quite extensive opportunities for observation in this disease, I am led to conclude that it is, in the first instance, an inflammatory condition of the mucous surface of the vagina, caused, it may be, by cold, want of cleanliness, excessive sexual intercourse in constitutions rendered susceptible by scrofula or other hereditary tendencies. That as a result of this abnormal condition, a chemico-vital poison is secreted in connection with a more or less abundant flow of mucus, thus constituting an acrid leucorrhœa. Now, as I have said, there are micrococci in all the orifices of the healthy human body, and being already present in the vagina when this poisonous condition manifests itself, they live and multiply *in* it and absorb *from* it the so-called 'specific virus,' which is capable of producing similar inflammations when brought in contact with other mucous surfaces. To repeat, their rôle in this disease is clearly this: Being present when the parts are in a normal condition, they are harmless, but their innocuous character is immediately changed as a consequence of the pathological condition of the parts. In other words, from being a harmless ferment, they are changed into one of a poisonous nature, and thus become, as I have said, *carriers* of *poison.* These remarks apply with equal force to all the septic poisons. None of them are productive of harm unless *introduced* into the *absorbents* by *inoculation,* or by *direct contact with an absorbing surface.*

These remarks, however, do *not apply* to paludal fevers, or to those diseases which are called zymotic. Those who believe in the germ theory have labored long and hard to

show that bacteria are the cause of such diseases, but so far they have utterly failed to establish any such relationship.

Again, the germ theory has suggested a new line of remedies, viz: germicides, which, if the theory were correct, would be rational remedies, but unfortunately for the theory, the practice has been a failure. It is now admitted that in order to destroy the germs in a given disease, the necessary amount of the germicide would endanger the life of the patient.

On the other hand, the treatment of zymotic and infectious diseases scores another point against the germ theory, for hundreds upon hundreds of cases might be cited to show that the most malignant types of these diseases have been cured by remedies selected in accordance with the law of similars. Remedies, too, which in themselves are not germicides, the cures being frequently effected by the *higher*, and in many cases the *very highest potencies.*

The inference from all this is *irresistible,* that bacteria are not the cause of disease.

It is equally obvious that their presence as a means of diagnosis, in certain cases, is of great value.

RESUME'.

The bacteria are widely diffused, unicellular, vegetable organisms that can only be seen with the microscope.

The bacteria are the result of the decomposition of organic substances in accordance with inherent law; they are ferments.

The appearance of bacteria is sometimes changed by the *pabulum upon which they feed.*

Septic, and other infectious poisons, can be modified by various re-agents (without changing, in the slightest degree, the forms of the contained bacteria), so that when introduced into the system by vaccination, they will protect the individual against the more potent virus.

The theory that bacteria are the cause of infectious diseases is false, because their presence is not necessary to produce the diseases ascribed to them. They are only *carriers* of *poisons* (ptomaines), which are generated during the *decomposition of organic matter.*

The bacteria *cannot exist in healthy organisms.*

To demonstrate that bacteria are the cause of certain diseases, it must be shown that their original habitat is external to the body, and also, that they are present in the blood and tissues before the disease manifests itself, and that they are *always* present in *every such disease*; the *reverse* of which *is true.*

The theory, that the use of germicides in infective and zymotic diseases, is scientific treatment, has been exploded by practical tests. Such treatment would jeopardize the patient.

It has been demonstrated by hundreds of practical tests, that paludal fevers, infectious, as well as zymotic diseases, have been cured by remedies chosen in accordance with the *law* of *similars*, many of which remedies are not germicides. These remedies, too, have been successfully used, not only in the *higher*, but in many instances, in the *very highest potencies.*"

SCIENTIFIC(?) EXPERIMENTS IN FRANCE.

The Paris letter to the *British Medical Journal* of 5th September brings cheer to some of our high dilutionist friends from an unexpected quarter. Nothing has been more laughed at than the smelling of globules, sometimes recommended as an effective way of taking medicines, and even the holding of a bottle containing them in the hand. Now we have some real, genuine, scientific experiments, performed in the wards of no less a person than Charcot himself by MM. Bourru and Burot, in which the subjects were hysterical patients, and the "toxic agents" various. But the mode of administration is the remarkable thing.

Were they given by mouth? Oh no! Smelt of? Not at all. Held in the hand? Not even that. They were "*wrapped up in paper or put in a bottle behind the patient's head!*" It is quite true; and we give the very words of the correspondent, because this is very important, and might be worth a trial:

"At the Congress for the advancement of science recently held at Grenoble, MM. Bourru and Burot made a communication on the action of medical and toxic substances on hysterical patients, exercised at a distance. The substance is wrapped up in paper or put in a bottle, and placed at the back of the patient's head without the cognisance of the patient. All narcotics, under these circumstances, it is alleged, produce sleep. Opium and morphia provoke heavy sleep; chloral lighter sleep; sleep from narceine ceases suddenly, and the patient has an anxious expression; that from codeine, thelaine, and narcotine is accompanied by more or less diffused convulsive movements. Emetics and purgatives also vary in the effects produced. Ethylic alcohol provokes heavy drunkenness; amylic alcohols excite angry drunkenness; aldehydes produce almost instantaneously a prostrate condition. Absinthe causes paralysis of the legs. Antispasmodics are very varied in their effect; camphor and cherry-laural water act as a sedative; in women it produces religious ectasy and convulsion of the respiratory muscles, in male subjects only convulsions. Repeated experiments show that essential oils produce ectasy, and hydrocyanic acid convulsions. Valerian produced violent agitation, accompanied by phenomena resembling those which it produces in the cat. Anæsthetics produced excitement, followed by sleep. Phosphorus produced trembling; cantharides a state of excitement which camphor calmed. Veratrine produces a pricking of the nostrils, with disturbed vision. Jaborandi and pilocarpin produce sweating and a flow of saliva, with saccharine reaction. Some of these experiments have been made in the wards of M. Charcot and Dumontpallier. At Grenoble it was proposed to M. Burot to repeat his experiments at the Congress, and a day was fixed, but it was impossible to find a hysterical patient."

The last piece of information reminds us of the naturalist who, in writing his book, excused himself from writing a description of a certain disagreeable little insect on the plea that he couldn't obtain a specimen.—*Homœopathic World.*

LONDON VICE.

Cardinal Manning, in the October number of the *North American Review*, sustains the charge of the *Pall Mall Gazette*, about the infamous crimes of London. Speaking of the existing law of England, the Cardinal thus shows how they encourage inhuman crimes:

"By our present legal code a girl cannot give her consent to marriage before the age of 21, but she is regarded as capable of consenting to her own ruin at the age of 13 years. The man who marries her before 21 is punishable by law. The man who ruins a child of 13 escapes with impunity. She may ruin herself at 13, but cannot marry, for defect of consent, till 21. If any one should know that his dog or cat were detained in any house, the police, with all expedition, could search for his property. But if he knew that his child were detained in the house, neither he nor the police could enter it. His only remedy would be by writ of *habeas corpus*, which could not be obtained for many hours, and perhaps for days; but the ruin of his child might be at any moment. Once more I say, children of 13, and all girls above that age, are supposed to be free agents, and capable of consenting to their own ruin; thus he who ruins them for life escapes with impunity, on the rule '*Volenti non fit injuria.*'

Henry Ward Beecher, in The North American Review for November, says amen to Cardinal Newman's support of Editor Stead in his exposure of inhuman crime in England.

A MAD STONE.

The Sedalia and other papers lately contained accounts of the application of a "mad stone" to a Mr. Girard of this city, who had been bitten by a supposed mad dog.

The stone was owned by Mr. J. M. Dickson of Kansas City, who advertises the use of the stone, and states that it

has been in possession of his family for more than a hundred years, and was brought by one of the family from Scotland. From the large number of references given in Mr. Dickson's advertisement to the mayor and other officials, and physicians of Kansas City, we may take it as true that Mr. Dickson is honest in his belief as to the virtues and history of the stone.

To a reporter Mr. Dickson made a statement that he had applied the stone to more than five hundred cases of bites by various kinds of mad animals and wild skunks; his opinion evidently being, that the bite of this animal, whether rabid or not, will produce hydrophobia. He gave the method of application, which was to place the stone upon the wound, or upon an abrasion of the skin made on any part of the body, first soaking the stone in sweet milk. He stated, that, if the person contained any virus, the stone would adhere to the wound or abrasion until it was saturated with the poison, when it would fall off; and that it was then cleansed by again soaking it in sweet milk, and this was repeated until the stone would no longer adhere.

We may presume, that, of the five hundred treated by him, a large number had been bitten by animals which were not mad; and statistics show, that, of those bitten by dogs which are mad, not more than one-third to one-half will have hydrophobia; and yet we can hardly suppose, that, of five hundred persons who believed themselves to be in danger of hydrophobia, not one would have taken it even if no preventive measures had been taken. Mr. Dickson states, that no case treated by him has developed into hydrophobia.

At the time of Mr. Dickson's visit to Sedalia, I had the opportunity of seeing the stone for a few minutes, and found it to be a fossil coral of the genus Favosites. It was of rather small size, only about three-fourths of an inch across, and was of hemispherical shape, with one side cut so as to present a smooth surface. The fossil seemed to be silicified, a part of the tubes being filled almost to the ends, and a

part open. The tube cavities on the flat surface generally presented open spaces between the diaphragms or tabulæ, making the stone more or less cellular or porous. From the slight examination I made of the stone, I judge it to be Favosites gothlandica Lam., if from Scotland; and, if it is American, F. hemispericus Y. and S.

I have since seen Mr. Girard; and I learn from him, and also from the Sedalia agent of the Adams express company, that the stone was first soaked in sweet milk without having any effect upon the color of the milk. It was then applied to the arm, and adhered so tightly, that, on turning the arm over and shaking it, the stone still clung to it. About three times the stone was taken from the arm and soaked in milk and it then turned the milk a greenish color. At last the stone would no longer adhere to the wound, and the cure was pronounced complete.

Has any competent person made proper tests of reputed mad stones? Are these persons mistaken about the stone adhering tightly? Would any similar porous stone adhere the same way? Are the persons also mistaken about the change in the color of the milk? In short, will any stone have any effect on virus in a person's blood?

F. A. SAMPSON.

Sedalia, Mo., July, 1885.

[We may add as a final query, How did such a superstition arise?—ED.]—*Science.*

AN OUT-DOOR INSANE ASYLUM.

The celebrated Belgian colony of the insane at Gheel has nothing in its external appearance suggestive of the ordinary lunatic asylum; its inhabitants give no superficial indications that a large proportion of them are madmen.

If one would conceive what Gheel is, he must imagine a town of five or six thousand souls, in no way different from other towns of like importance, surrounded by a number of hamlets containing altogether, perhaps, about as many

more inhabitants. These people have been, from a very remote period, in the habit of taking insane persons to board in their houses. The lunatics live in constant contact with the family of their host. They share in their labors and their pleasures if so inclined and their means permit it. They come and go, in the enjoyment of an almost absolute liberty. It has, however, been found necessary for the good of the patients and of the settled population to organize administrative and medical services, in order to prevent dangerous and improper persons from being sent to the colony, and for the care of the mental and physical affections of the patients, and for securing to them proper accommodation and treatment; and an infirmary has been established for those who need medical care. But the administration makes very little show. The whole of the Gheel district is an asylum; and the streets and the surrounding country are the promenade of the lunatics.—*Popular Science Monthly for November.*

BUYING SECOND HAND BOTTLES.

"What becomes of the old bottles? This question often presents itself, and, after a little investigation, a reporter is able to answer it. Taking the bottle that is thrown as a sample—for its chances for further usefulness seem the most forlorn—it would, if not broken by passing wheels, soon be seized upon by the ragpicker. There is a regular trade in old bottles, and special inquiry is made for them by the ragman who has a wagon. They all eventually find their way to the same place—the warehouse or sorting room of the wholesale dealer in rags, waste paper and other refuse matter. The old rag picker brings in his assortment of bottles, and they are consigned to a special room, where they are treated to the first bath received since originally purchased. The washing is thorough enough to remove all discoloration inside and take off any labels that may be attached. The various bottles are then carefully sorted,

each size is put together, and when a sufficient number of one kind is collected they are packed in boxes holding one gross if small, and from one to six dozen if of large sizes and put away for sale.

"The amount of homœopathic medicine bottles that thus reach the rag warehouse is enormous. These little receptacles of the sugar pellets and white powder distinctive of homœopathy find a ready sale to homœopathic doctors. The bottles are assorted and delivered ready for use again at a much lower figure than the wholesale druggist can supply them, and so there is a continual ebb and flow of the little bottles from the house to the alley, thence to the rag house, and then back once more to the doctor's office.—*Chicago News.*

The bottles above referred to are sold by jobbers at about one-half or one-third the cost of new bottles at the pharmacy. They are purchased because they are cheap, for the same reason that so many professed homœopaths purchase their tinctures at the drug stores, because they can obtain them for five cents an ounce. It is not only bad policy but poor economy, and sooner or later leads to mortifying failure and a resort to the palliative methods of the other school, because "Homœopathy failed to cure."

TRUE GREATNESS.

DON PIATT says:—"The popular mind is slow of study, and I fear it will be long ere it learns that, while an eminent man wins our admiration through his great qualities, he can hold our love only from his human weaknesses that make him one of ourselves. We are told that with the multitude nothing is so successful as success, yet there is often more heroism in failure than in triumph. The one is frequently the result of accident while the other holds in itself all that endears the martyr to the human heart. The unfortunate Hector is, after all, the hero of the Iliad and

not the invulnerable Achilles, and by our popular process of eliminating all human weakness from our great men we weaken and in a measure destroy their immortality, for we destroy them. As we accept the sad, rugged, homely face and love it for what it is, we should accept it as it was, the grandest figure looming up in our history as a nation. Washington taught the world to know us; Lincoln taught us to know ourselves. The first won for us our independence; the last wrought out our manhood and self-respect."

Perhaps Hahnemann shared with the rest of us the fault of having occasionally been in error, and this trait of human weakness, this liability to err, makes us love and revere his memory all the more.

CHEAP GAS LIGHT.

Few people are aware that the light given by any ordinary gas burner can be greatly increased by simply throwing the burner over sideways until it slopes slightly downwards. The flame is thrown out as a horizontal sheet, formed into a saucer shape by the natural curling upward of the edges. Mr. Fletcher, of Washington, has been testing the difference obtained by an average upright and a horizontal saucer shaped flame, and find it averages by photometer about ten per cent. in favor of the latter; but owing to the fact that with this position of the flame, the light is thrown downwards, and is perfectly free from shadow, the actual results in his own works and offices have proved that a burner consuming five cubic feet per hour, with a horizontal flame, gives a better light and is better for work than an upright flame consuming six cubic feet per hour. It is in fact somewhat of an approach to the Siemen's regenerative burner, with the advantage of costing nothing. This is now new to experts, but it is a bit of useful information to the public, who may by this means either increase their lights or reduce their gas bills without any expense. It is something to make a little profit or effect a

little economy nowadays, without having first to put one's hand in one's pocket. Most people will probably still adhere to the wasteful glass globe and upright flame which make our living rooms so unpleasantly close; but there are millions of burners in offices and works which can be simply turned over to the advantage and profit of the users.—*Chamber's Journal.*

HOW ARTIFICIAL TEETH MAY DO DAMAGE.

Another agent in the combination to maintain for the man of advancing age his career of flesh-eater is the dentist. Nothing is more common at this period of life than to hear complaints of indigestion experienced, so it is affirmed, because mastication is imperfectly performed for want of teeth. The dentist deftly repairs the defective implements, and the important function of chewing the food can be henceforth performed with comfort. But, without any intention to justify a doctrine of final causes, I would point out the significant fact that the disappearance of the masticating powers is mostly coincident with the period of life when that species of food which most requires their action—viz., solid animal fiber—is little, if at all, required by the individual. It is during the latter third of his career that the softer and lighter foods, such as well-cooked cereals, some light mixed animal and vegetable soups, and also fish, for which teeth are barely necessary, are particularly valuable and appropriate. And the man with imperfect teeth who conforms to Nature's demand for a mild, non-stimulating dietary in advanced years will mostly be blessed with a better digestion and sounder health than the man who, thanks to his artificial machinery, can eat and does eat as much flesh in quantity and variety as he did in the days of his youth. Far be it from me to undervalue the truely artistic achievements of a clever and experienced dental surgeon, or the comfort which he affords. By all

means let us have recourse to his aid when our natural teeth fail, for the purpose of vocal articulation, to say nothing of their relation to personal appearance: on such grounds the artificial substitutes rank among the necessaries of life in a civilized community. Only let it be understood that the chief end of teeth, so far as mastication is concerned, has in advancing age been to a great extent accomplished, and that they are now mainly useful for the purposes just named. But I can not help adding that there are some grounds for the belief that those who have throughout life from their earliest years consumed little or no flesh, but have lived on a diet chiefly or wholly vegetarian, will be found to have preserved their teeth longer than those who have always made flesh a prominent part of their daily food.—Sir Henry Thompson, *in Popular Science.*

INTERNAL VACCINATION.

R. HEARN, M. D., TORONTO, ONT.

Since the question of vaccination has come so prominently before the profession, owing to the present epidemic of small-pox in Montreal, it would be interesting to know to what extent "Internal Vaccination" has been used, and what proofs may exist regarding its efficacy in the prevention of small-pox. It is stated by several homœopathic authorities—Raue & Hughes among others—that Vaccinum 3x, administered internally will produce feverish symptoms and a perceptible rash. The latter authority (Hughes) refers to the experiments of Severin, Schneider and Norman Johnson in the *British Journal of Homœopathy*, Vol. XXIV, 171, and XXV, 340, and adds:—"You will there see that vaccine lymph, even in infinitessimal doses, when taken into the stomach will develop the cow-pox vesicles with their concomitant fever; vaccination from the vesicles thus produced has succeeded perfectly. Also Drs. Pulte,

Rummel and Bayes—to speak of no others—have used Vaccinum internally in the treatment of small-pox and testify to its great value.

Raue, 1870, in his work, gives Dr. Kaczkowski's method of vaccination as follows: "I give first a dose of Sulphur 30x, and leave it to act for fourteen days."

"Now I give Vaccinum 4x, or Variolinum, whereupon, about the seventh or eighth day some febrile motions manifest themselves, which are easily subdued by a dose of Aconite 30x. On the eighth, ninth or tenth day minute granules about the size of a poppy seed appear under the skin, which under the application of cold water bandages soon ripen and heal. From the eighteenth to the twenty-sixth day the skin commences to peal off, which process is much sustained by the rubbing in of Olive oil. This is homœopathic vaccination."

"I have vaccinated in this way over two hundred cases, of which only one was attacked by Varioloid, and another after four and a half years, by the black small-pox and died."

Again M. Jousset reports; that he gave, "to twenty-five girls in a workshop, who had all been vaccinated in their infancy, each 3x of Vaccinum, three drops in twelve tablespoonfuls of water, one spoonful a day during two week's without witnessing a single phenomenon arising therefrom. About ten or twelve days afterwards, having ceased administering the Vaccinum, all the girls were re-vaccinated; and of these twenty-five, only four contracted the vaccine pustules; in two of which the eruption was very slow in coming, and all the pustules were very small. Re-vaccination of such as had not received the Vaccinum produced full seized pustules." (*Bull. de la Societé Med. Hom., XI. 9.*)

The above facts would seem to prove "Internal Vaccination" to be an almost certain preventive of small-pox, and in many ways preferable to the introduction of the crude virus, by inoculation, as not producing the distressing symp-

toms (and sometimes deaths) so frequently experienced by those submitting to this method.

Now as regards the administration of this virus many physicians uphold the microbe theory in small-pox, and maintain that the vaccine virus remains active for but a short time after its removal from the vesicles, and that only under favorable conditions. Also, that when introduced into the stomach the virus is destroyed by the gastric juice and other secretions. How is it then that this same virus (Vaccinum) is sold in triturated form and kept for almost any length of time, then asserted to be capable of producing the cow-pox rash and its concomitant fever when introduced into the stomach, and of preventing small-pox contagion.

Whether, are these microbes admissible of attenuation (as has been asserted) and capable of maintaining their activity for a longer period or does the potentized Vaccinum retain its properties in the same way as Lachesis, Naja, Crotalus, etc.

What cases I have tried with the fresh virus (3x prepared in Glycerine) have succeeded to this extent: The rash and concomitant fever were produced and inoculation on the arm a week afterwards failed to produce the customary vesicle and pustule.

Any further light on this subject from other sources will be gratefully.

A STRONG ARGUMENT IN FAVOR VACCINATION.

Among the many queries which the present revival of vaccination has raised, is the one relating to the effect of vaccination upon one who has already had varioloid. We have been somewhat surprised to find that vaccination "takes" with those who have had small-pox, two or three such cases having come under notice. Upon inquiring of a physician, whose position at the Board of Health has given him a wide opportunity for observation, he assured

us without hesitation that after small-pox, vaccination will always "take," and that too in the primary form. Moreover, that vaccination is a surer safeguard from small-pox than small-pox itself, for he knew of instances where unvaccinated individuals had had the disease two or three times.

This imformation is therefore of great importance, for most people who had small-pox feel that they are sealed with an immunity greater than a lifetime of continued vaccination could purchase for them.—*Medical Record.*

NUX VOMICA IN INTERMITTENT FEVER.

C. B. GILBERT, M. D., Washington, D. C.

Paroxysm—Regular, at 10 A. M. and 12:30 P. M.

Before chill—Taciturn, yawns, gets near register; stiffness of knees, or aching in legs or back, not marked; blue lips, bluish, pale face.

Chill—Without thirst, cold nose, ears, hands and feet; shivering and chattering of teeth, bluish look; desires to be covered, without relief; quick speech; as chill declines goes to sleep (especially when chills have occurred for several days).

Heat—With thirst for large quantities of quite cold water; wants to uncover but uncovering makes him chilly; frontal headache, ameliorated by cold cloth; taciturn.

Sweat—Relieves everything; mostly on head, shoulders and arms, aggravated during sleep; must be covered; loss of appetite, constipation, red urine, dirty-white coated tongue.

These symptoms occurred in two obstinate cases which have at last yielded to Nux vomica 200th. One a man had constant sweat at first and must be wrapped up; later had very marked jaundice cured by one dose of Sulphur. Then one in the interval, with red sand in the urine; then chills again for three weeks; cured at last by repeated doses of Nux vomica. Single doses before were of no effect. He was an easy going, good natured man.

SURGERY.

AN ADDRESS DELIVERED AT PROVIDENCE, R. I., BEFORE THE RHODE ISLAND HOMŒOPATHIC SOCIETY.

Edmund Carleton, M. D., Professor of Surgery at the New York Medical College and Hospital for Women, and Consulting Surgeon to the Ward's Island Hospital.

Your President has invited me to make some observations upon the uses of Homœopathy in surgical practice, and more especially in such cases as have been put to the crucial test of my own personal experience. Thanking him for his courtesy in extending this invitation, and hoping that you may be as much interested in hearing the truth, as I have been in the seeking and finding of it, we will first consider the subject of *Ulcers*.

Is there any class of surgical cases that comes more often under the eye of the general practitioner than this? If there is, please tell me, and Rhode Island shall have a separate count in the census. Probably no other class excites less enthusiasm in the mind of the doctor, after he has ingloriously failed to cure a number of inveterate specimens. And yet Homœopathy cures these cases, in fact is the only cure for them; all other so-called cures being merely suppressions—lasting only temporarily—or, if permanently, at the sad expense of the patients, leaving them in a worse condition than before. Probably the main reason why failure is so common in the treatment of these cases, even in the hands of professed Homœopaths, is, the tenacity of inherited materialistic views of disease from old-school antecedants, making it hard to divest one's self of the idea that an ulcer is a material *something*, instead of a *sick state or condition, a symptom, a result* to be taken into consideration with all other symptoms—subjective and objective—and prescribed for according to the law of similars. This is evident from the character of the answers I generally receive from physicians who have asked me to see patients

with them. After I have examined the patient, and asked the question, "what has he had?" the answer comes back, "charcoal poultice," "carbolic acid," "balsam Peru," "strapping," and the like. How welcome is the exceptional answer, "*Lachesis*," "*Lycopodium*," "*Silicea*," "*Fluoric acid.*"

You are aware that in New York City the Homœopaths have control of one of the public charity institutions—the Ward's Island Homœopathic Hospital. You may not be aware of the fact, that an unjust discrimination is made against this institution when patients are assigned to the several charities. Yes, three-fourths of the cases of advanced phthisis, and I believe about the same proportion of chronic ulcers, are sent to Ward's Island. But we beat the old school, notwithstanding, and show a smaller ratio of deaths and a larger ratio of recoveries, than they do. I was one of the original twenty-four physicians who organized the attendance and service of this hospital, and I well remember our first meeting at the house of Dr. Wm. H. White. We then and there agreed that we would practice Homœopathy, and that only, in the hospital. I have served ever since as attending surgeon, and have demonstrated, on a large scale, the superiority of Homœopathic over other kinds of treatment, for ulcers, as well as for other ailments.

At the beginning of my two months' term of attendance, my first care when entering the ulcer-wards, is to impress upon the interne (if a new man) the importance of sticking closely to the following plan, namely: to get all the symptoms of each case; to prescribe the similar remedy; to give it time to act; to repeat only if the same symptoms return; *to never change the remedy, if, upon the whole, improvement is going on, even though new symptoms appear*; to give the same or another remedy, strictly according to symptoms, when more medicine becomes necessary; to use simple, unmedicated dressing only. This scheme should be analyzed.

First; to get all the symptoms of each case. Ah! That is indeed a task!—the greatest task a physician has to encounter, and requiring the most consummate skill on his part, in order to be of value! Hard as it is to make a good prescription, it is easy in comparison to taking the case. Hahnemann tells us in his Organon, just how to do it. And I wish to emphasize his caution not to ask direct questions, that is, those which can be answered by Yes! or No! If possible, put the question in the alternative, as for instance, "which is the most sensitive, the score or its edges?" or "you tell me that this gives you most trouble at night; now is this before or after midnight?" "is it as soon as you get warm in bed, or in the early morning, or when?" Physicians are apt to fail in this particular, and the result generally is bad. Your lawyer friends will confirm the truth of this. We inspect the ulcer, note location, number, size and shape, (round, oval, or irregular); whether superficial or deep; edges inverted or everted; the base smooth or ragged; color of edges and base; character, quantity, and modality of the discharge; whether acrid or not. Then we learn the *location* of the *pain* (and under pain is included all morbid sensations) in base, edges or elsewhere; then the *character* of the pain (cutting, burning, stitching, etc.); then the *modality* of the pain (right to left, left to right, when moving, when at rest, when uncovered, when too warm, at midnight, etc.) When the physician has well ascertained the *location, character* and *modality* of pains, he has done the greatest part of his work, ordinarily; but let him not omit the concomitant symptoms, for often the cure will hinge upon them. The eleven o'clock hunger, the early morning diarrhœa, the general aggravation at three A. M., the chilliness, thirstlessness and oppression of the chest, will often decide upon the remedy when otherwise we should be puzzled. Above all, we must recollect that the *mental* symptoms stand first in importance, and that the *subjective* symptoms are much more important than the *objective*,

therapeutically considered. I want to be explicit on this point, for there is an infernal heresy, abroad, which would reverse the true order. Putting my statement in another form, then, let it read thus: the appearance of the ulcer is of much less value in determining the remedy, than the location, character and modality of the pain. Occasionally we come across a case that seems inscrutable. I remember one such in the Ward's Island Hospital. He was an old man, ignorant, dull; a regular "rounder" of all the hospitals for years, who had set all treatment, both internal and local, at defiance. I was holding a clinic in the ampitheatre, before the students of the New York Homœopathic Medical College, and of the New York Medical College and Hospital for Women. This old fellow was brought in as a stumper. I tried all my skill as examiner upon him in vain. The students began to smile. *He complained of nothing.* I passed my finger firmly over the sore and its edges. It was a huge one, taking nearly all the space between the knee and ankle. *He did not flinch, and said I did not hurt him.* On the strength of the meagre indications just given there seemed to be but one course of procedure open to us. Accordingly, he then and there had a few pellets of *Opium 200th*, put upon his tongue, and that was all. Two weeks later we held another clinic, the old man was brought in and his leg exposed. Already a healthy action was established, granulations were creeping in from the edges, and thenceforward without another single dose of medicine, he went on to a speedy and perfect recovery. I must not forget to add, that the students who had smiled in the first place, afterwards balanced the account handsomely with a round of applause for the old man.

Having taken the case, we must next prescribe the similar remedy. We must forget all about the ulcer, *per se*, and get a similar for a sick person who has various ailments, all considered, and among them an ulcer. If the choice is not apparent at once, we take the repertory and

begin the search; and this is necessary in many cases. Suppose that the ulcer in question is:

Black on the base, *Sel.*, *Ars.*, *Sep.*, *Sil.*

Black on edges, *Ars.*, *Con.*, *Lach.*, *Sil.*, *Sulph.*

Boring pain, *Chin.*, *Sil.*, *Sulph.*

Burning edges, *Ars.*, *Caust.*, *Thuj.*, *Lyc.*, *Merc.*, *Mur. ac.*, *Sil.*

High edges, *Ars.*, *Asaf.*, *Kal. bic.*, *Lyc.*, *Merc.*, *Puls.*, *Sil.*

Pus scanty, *Bell.*, *Calc.*, *Cupr.*, *Dulc.*, *Hep.*, *Lach.*, *Merc.*, *Nux. v.*, *Plat.*, *Sep.*, *Sil.*

Pus thin, *Ars.*, *Asa. f.*, *Caust.*, *Merc.*, *Sil.*, *Sulph.*

The repertory has demonstrated very quickly, by exclusion if not otherwise, that we shall find the remedy to be *Arsenicum* or *Silicea*. The burning is worse in the daytime, which favors *Silicea*. Better from heat, both. The patient is debilitated and broken down, from excessive mental work and anxiety; he is light-headed and dizzy, especially when looking up, and that settles the matter in favor of *Silicea*, for we have laid down the repertory and taken up the Materia Medica, as soon as the sifting brought the case down to two remedies; and have found the concomitants decisive. I have found that the more chronic the case, the greater need of administering the remedy in high potency; and by common consent *Silicea* should be given high. There is no unbending rule, that I am aware of, except that there is little use in giving a drug low for a chronic ulcer. The physician must use judgment. I have often put a dose of the 200th, upon the tongue, with good effect, and do not like to give it lower. I often give it among the thousands, in private practice, with excellent results. Judgment must be exercised, in giving any remedy.

How long shall we wait for reaction? A knowledge of the pathogenetic action of the drug employed will help to answer this question. A slow, long-acting drug like *Silicea* would require more time than *Aconite*. In fact, there may

apparently be no reaction against a dose of *Silicea* for a number of days, when a little longer waiting will show a manifest improvement. Also, a consideration of the peculiarities of the patient will help to decide the matter. A very nervous, high-strung patient, suffering from a very chronic ulcer, had better have a single dose, rather high, dry on the tongue; while another patient of different character, might better have a remedy not quite so high, dissolved in water, and take a teaspoonful every few hours until reaction is noticed, and then stop taking. Insist upon the stopping. Hahnemann's directions about this, are not only emphatic but right. And his rule for repeating stands the test of practice.

We all appreciate the situation, when a cow gives a large pail full of milk and then kicks it over. That is parallel with the physician who sees his patient improving and is not satisfied to let well enough alone. Very likely new symptoms crop out. The temptation to prescribe for them is great—often too great to be withstood. As I look back upon the early years of my practice, it is plain to me now why I failed to cure some cases that started well towards recovery. The reason was that I had not then learned to let the new symptoms alone, when the patient was clearly improving. It was the hardest rule of all for me to learn, but it must be learned and obeyed implicitly, if we are to succeed. We may only prescribe for the new picture, the sum total, when improvement has stopped.

How about dressing? Perhaps there is a surprise in store for you, if you have not yet tried dry lint. In the majority of cases, this is better than anything else that I know of. It protects the sore and is unirritating. A few patients will do better with water dressings; and others will prefer simple cerate or mutton tallow; while occasionally heat and moisture are grateful, and then a linseed poultice is appropriate for a short time. Medicated applications must be absolutely prohibited. No secret longing for the

flesh-pots of Egypt! No turning back to the crude notions of the old school of medicine! The ulcer is not a merely local disease to be cured by local means. When the patient is cured properly—*really cured*—there will be no ulcer, and that without the use of any but the constitutional remedy. If local remedies are employed, they change the natural appearance and sensations of the parts, and thus destroy valuable indications in selecting the internal remedy; besides, they may cause a local action of healthy appearance, which though plausible is fallacious, as the patient seems to be better than he really is; even if the sore heals up, it is ready to break open again upon slight provocation; in fact, that is a common experience with the hospital "rounder." He has his ulcer wholly or partially suppressed, in some hospitals where he is compelled to keep quiet. He goes out and resumes his former mode of living, and in a few months seeks the same or another hospital, in a worse condition than before. Now it may, and sometimes does, take longer to *cure* the patient by the internal, homœopathic medicine, though in many instances the similar remedy is the *only* successful means of closing up the ulcer; but, such cures save time in the long run, *as they do not relapse.* This has been proved on a large scale, to a demonstration. Again, by absorption of the drugs employed locally, patients are often poisoned to a greater or less extent. One death from such a cause, has come to my knowledge, besides many cases of impaired health.

In this connection, we must not forget to take into account the danger of *metastasis.* Just in proportion as the ulcer is suppressed, this danger increases; and when the physician has succeeded in wholly and permanently closing the ulcer by local agencies, then he has surely created a metastasis. This has often come to my notice. I have not learned that there is any law of transfer—sometimes it is to one part and sometimes to another—but it is always to a less desirable place, so that the last state of the man is worse than the first.

Therefore I maintain: That the physician, especially the homœopathic physician, who knows better than to do it, has no incentive to resort to antiquated, inferior and unscientific routine, but will choose the better way. I take it for granted that all homœopathic physicians have subscribed to the first proposition in Hahnemann's Organon, which reads thus: "The sole duty of a physician is to restore health in a mild, prompt, and durable manner."

Ulcers should not be watched too much. Change the dressings only when they become foul; and then, if necessary, wash gently with pure water. Absolute rest of the part in an easy, non-dependent position, and comparative rest of the system, favor recovery. When ulcers are granulating well, and cicatrizing on all sides—not on one side, while giving away on the other—under the sole influence of the similar remedy, strapping seems to hasten some cases, while in others recovery is not accelerated by it. Such ulcers, if very large, improve faster under skin-grafting; and numerous little dabs of epidermis, scattered here and there, answer well for this purpose, soon forming little centres of cicatrization. Under similar conditions, the ordinary roller or the pure rubber bandage, support the varicose ulcer and adjacent parts, beneficially. In very hot and very cold weather, the ulcer wards of a hospital should be frequently disinfected. Colorine gas is the best agent to employ.

I have spoken mostly of hospital cases in the foregoing, for two reasons. First, it is there that most were seen. Second, most of them were hard cases, in more senses than one. They were broken down, sometimes in mind as well as body. It was a fearful task to get anything like a correct and intelligible answer or description from the most ignorant of them. The prospect for homœopathic medicine was most discouraging. Many dispensary cases that came under my notice in the earlier years of my practice are pictured in my memory; they gave me trouble enough, for their habits could not be controlled. In that particular

they were worse to deal with than the hospital patients. But Homœopathy was best for all of them. Of course private practice is not beset with so many difficulties, and in it cures are effected more easily; but the same careful line of action is necessary to success.—*Southern Journal.*

DISLOCATION OF FEMUR.

F. A. TIMMERMAN, M. D., Hastings, Mich.

W——, A farmer, was thrown from his buggy while running horses. He was carried to the nearest house and an examination took place about thirty minutes after the accident. No bones were broken, but the left foot was found strongly everted, the limb shortened nearly two inches and flexed upon the thigh. The prominence of the hip was entirely gone, the head of the femur resting on the pubes and forming a tumor nearly as large as an ordinary man's fist. There were contusions too numerous to mention except perhaps one which may have some significance in this unusual dislocation. It was the size of a mans hand and situated posteriorly to the greater trochanter, the muscles being severely bruised. Having read in the *Advance* Kelly's new method for reduction of dislocation of the hip joint I determined to try the principle with perhaps a little variation. The man was drawn diagonally across the bed, the injured limb being nearly free, three strong men holding him firmly in position. Stepping between the thighs, facing the injured limb I grasped the ankle with the right hand and flexed the knee over my hip, thus while partially sitting with my left knee against the side of the bed as a lever and also turning the body I could make immense traction. By throwing the foot down, with the right hand rotation was produced the left being free for manipulation. Reduction was accomplished with the first effort, no anæsthetic being used. Arnica externally and internally was given, and the recovery was complete in four weeks.

EXPLANATION WANTED.

E. W. BERRIDGE, M. D., London, England.

In 1885 Dr. T. F. Allen says (MEDICAL ADVANCE, Vol. XV, page 197): "My own attempts to prove the power of the thirtieth potency to effect healthy individuals, entirely failed."

In 1873 Dr. T. F. Allen said (*N. Y. Journal of Homœopathy*, Vol. I, page 102) of his provings of Lactic Acid: "The effects were so positive and uniform in different persons that even the most skeptical of the students were convinced of the effect of the thirtieth potency."

It is sometimes unfortunate to have made a record on the potency question. Will Dr. Allen kindly explain "why is this thus?"

EDITORIAL.

THE NORTHERN ASYLUM.—The Board of Trustees appeared to be extremely anxious to appoint Dr. Williamson medical superintendent of this asylum as soon as they ascertained that he could not accept the position. It has since leaked out that they never had the least intention of appointing a Homœopathic physician or of complying with the law by placing the asylum under Homœopathic treatment. Some excuse would have been found, some reason given for the rejection of every Homœopathic applicant.

UNIVERSITY OF MICHIGAN.—At the meeting of the Executive Committee of the Board of Regents on Tuesday evening, December 8, Daniel A. McLachlan, M. D., (U. of M. '79) was appointed Professor of the Principles and Practice of Medicine, in consequence of the retirement of T. P. Wilson, M. D., from his recent illness. Every true friend of the University will sincerely regret the loss of such an eloquent and able teacher. For many years his name has

been a household word in our college catalogues and in more than one college has he done heroic service. The alumni of Cleveland, Pulte and the University of Michigan, with whom he was always a favorite, will receive the announcement with unfeigned sorrow. Although unable to do college work his friends will be pleased to hear that he has resumed practice and will give epecial attention to diseases of the eye and ear. At this particular juncture we can ill afford to lose from our college rostrums such men as Wilson and Farrington. Institutions survive, though "men may come and men may go." We wish his successor abundant success.

MEDICAL CHARITY.—In a recent number of the *Medical Record* a correspondent complains of the flagrant abuse of charity committed by the large charitable institutions, especially hospitals and dispensaries of our large cities, in furnishing gratuitous treatment to people abundantly able to pay. He says: "Repeated tests in New York and Philadelphia have satisfactorily proven that fully two-thirds of this free treatment, in dispensaries at least, was bestowed upon persons fully able to pay a moderate fee," and asks the very pertinent question, "In the face of these facts are the managing boards of these hospitals and dispensaries not guilty of unpardonable neglect of duty and misapplication of funds in permitting such miscarriage of charity?" There is no doubt much truth in the complaint, and it is becoming a serious question, especially to our friends of the dominent school who flock in large numbers to the cities, how it is to be corrected. But we do not have to go to New York or the large cities to find instances of this kind. We have known cases in this State in which persons worth from $10,000 to $100,000 have applied for and received gratuitous medical and surgical treatment. It is no doubt an abuse of either private or public charity, but how is it to be corrected?

NEW PUBLICATIONS.

VEST POCKET ANATOMIST. By C. Henri Leonard, M. D. Detroit.

That this little work is in its twelfth edition is a guarantee of well deserved popularity. It is founded upon "Gray," well illustrated, and is an excellent companion in the dissecting room or office.

VISITING LIST AND PRESCRIPTION RECORD. Boston: Otis Clapp & Son.

Besides containing the usual tables this gives a list of remedies, numbered and abbreviated for use in recording prescriptions, and the most ingenious obstetric calendar we have seen. Is well printed, well bound, as well as perpetual.

THE BREAST AND ITS SURGICAL DISEASES. By H. I. Ostrom, M. D. New York: A. L. Chatterton & Co. Second Edition, 1885. Pp. 277, 8 vo.

The first edition of this work appeared in a serial form in the *American Journal of Homœopathic Materia Medica* in the summer of 1876. The author in the preface to the second edition says: "Since the publication in 1877 of the first edition of this treatise so much has been added to the knowledge of physiological and pathological histology, that it was found necessary to remodel the second edition." What a commentary is the founding of a philosophy of cure, a science of therapeuties, on the basis of an ever-changing pathology. The etiology and histology of the diseases of the breast are fully and exhaustingly treated and in this respect the work is a valuable addition to our surgical literature. A pretty complete chapter on the special therapeutics, a brief but valuable repertory and a good index close the work. The publishers have done their work in their usual excellent manner.

A TREATISE ON EPIDEMIC CHOLERA. By A. B. Palmer, M. D., Professor of Pathology and Practice (U. of M.), author of "Homœopathy. What is it?" Ann Arbor: Register Publishing House. Pp. 224; cloth, $1.00.

So far as the history, the etiology, the pathology, the influence of the germ theory and the experiments and opinions *pro* and *con* of Koch and other investigators of bacteria on this epidemic scourge are concerned, the author has given us a very readable compilation. But when we pass the purely historical and theoretical part of the book—which can be found elsewhere in just as pure English—and look for the practical management of a case, although he has seen "over 2,000 cases of genuine cholera," the author

frankly admits that in therapeutics he has nothing new to add. Then in all seriousness we must ask; Why was the book written? Was it to gratify an overweening vanity or give vent to a *cacœthes scribendi*? Theorizing may be well enough while the scourge is ravaging France and Spain, but when it lands in New York we shall want to know how to meet it successfully; and there is very little comfort to be found in this volume for believers in either the new or the old code.

With his large experience as a writer and teacher the author is most unfortunate in some of his expressions. With apparent frankness he distinctly avers that, "the etiology of cholera is not yet demonstrated," or "the essential cause eludes scientific demonstration," yet he tells us that "prophylaxis consists in the avoidance and removal of the cause," a statement about as "clear as mud" in view of the flood of light thrown on the disease in the work under consideration. On page 93 where he strikes the malarial vein, he appears to be more at home and much more familiar with his subject. For instance: "I should here state and emphasize the fact that in the year 1554 (?) in Chicago, a degree of malarial influence was prevailing at the same time with the cholera poison." We were aware that in modern times a patient in Chicago never recovered from uncomplicated malaria (except by dying), but we never should have known the terrible results of a complication of malaria and epidemic cholera in that hamlet 330 years ago, had it not been for the researches of Dr. Palmer.

On page 153, in referring to the effect of the treatment he says; "as patients are generally seen and managed, from 45 to 60 per cent. of fully developed cholera attacks have proved fatal, we might infer that there is little power, or at least little choice, in remedies," and yet on the next page in the face of the terrible haulocaust in France and Spain during the present epidemic, he says, "there are few diseases more susceptible of being influenced in their final consequences as to life or death by treatment than Asiatic cholera." Wonderful influence! strangely susceptible disease! marvellous treatment! Here it is, as found in Ziemssen and Palmer, and in this treatment, as usual, there is neither *law* nor *guide*; simply the *ipse dixit* of authority. Dr. Lebert in Ziemssen is quoted, who says: "Opium is the safe and only agent that has in general a real preventive character in cholera diarrhœa, and especially in the more intense and obstinate forms. Legion is the number of agents recommended; but in almost none, even the most complicated, is opium lacking." This is endorsed by the author as follows: "Opium,

in proper doses and combinations, in the earlier stages of Cholera before the vital powers are much exhausted, and while irritation of the stomach and bowels is the most prominent symptom, is the *great remedy* in the disease, or at least one of the prominent and essential items of a correct treatment. It is by far the most potent remedy we possess for allaying that irritation, arresting the flow of liquids to the mucous surface, and controlling the debilitating discharges." A large number of authorities are quoted, but as usual the "favorite prescription" of one is condemned by the next. There is not much improvement in allopathic therapeutics over that relied upon when the scourge first appeared at Orenburg in 1829, and in the treatment of no disease is the bitter prejudice of the dominant school more to be deplored than in that of Asiatic Cholera. In this prejudice and bigotry so foreign to every element of scientific medicine, so opposed to every honest effort to improve the much-neglected "science of therapeutics" the author appears to pride himself. As demonstrated by Hahnemann during the first European epidemic and verified by his followers in hundreds of cases. Asiatic Cholera *is* "susceptible of being influenced" by treatment, and the number of "agents recommended is (*not*) legion' either.

But Hahnemann said that: "Opium *in any form*, when taken to relieve the terrible cramps and pains of Asiatic Cholera, will surely prove fatal," and the mortality statistics verify his statement; yet notwithstanding a mortality of over fifty per cent. Opium is persistently recommended as "the great remedy in the disease" and as a matter of course the profession prescribe it. During the epidemic of 1849 in Cincinnati, 2,410 cases of cholera were treated homœopathically with only 85 deaths. Drs. Ehrman and Pulte treated 1,116 cases with but 35 deaths, and of these 70 were in the stage of collapse, and many had been mismanaged by allopathy before they received them. During the recent epidemic at Marseilles of 14,014 cases treated homœopathically 12,948 were cured, and 1,266 died. Of 457,536 treated allopathically 222,342 died and 184,044 recovered. In his recent address at Pharo Hospital these figures were corroborated by Dr. Roche; yet Dr. Palmer, in the face of these statistics, advises the opium treatment.

If there be any certainty in medicine it is that *Cuprum*, as recommended by Hahnemann, is a prophylactic against Cholera. This has been verified in many epidemics. Another, equally certain, of Hahnemann's recommendations is that *Camphor* taken in the beginning, will cut short an attack; and if not seen in its early

stage that *Veratrum* will nearly always cure apparently incurable cases. These remedies were prescribed by Hahnemann from a description of the disease sent him by one of his disciples long before he had seen a case, and their successful use in the epidemic of 1831 gave Homœopathy a local foothold in the Austrian Empire, a foothold it has firmly maintained. It is this power of *prevision*, which constitutes Homœopathy the "Science of Therapeutics" and which our small minded and bigoted author will never see, if he could.

The mechanical execution of the work proves that the "Register Publishing House can make as good a book as can be made in New York or Chicago, and we only wish the contents had been more worthy the attractive dress in which the publisher presents it.

EDITOR'S TABLE.

REMOVAL. Dr. Jay S. Mead from Vicksburg, Mich., to St Marys, Ohio.

R. B. HOUSE, M. D., of Tecumseh, Mich., is taking a needed rest in the South.

J. W. MEANS, M. D., of Troy, Ohio, has after a spirited contest been elected coroner of Miami Co.

W. P. HOLYOKE M. D., (Chicago Hom. College, 1885) succeeds W. D. Cooper, M. D., at Wayne, Mich.

THE HOMŒOPATHIC MUTUAL LIFE INSURANCE Co. has removed to new and commodious quarters at 117 West Forty Second Street.

E. A. FARRINGTON, M. D. It is with extreme regret we note the prolonged illness of Prof. Farrington, and we feel certain that every Homœopathic physician will join us in wishing him a speedy recovery.

ARABIAN BEAN GRUEL. A correspondent wishes to know something about this. How it is prepared, where procured, how used, etc., etc., all of which is respectfully referred to Dr. Hasbrouck of Brooklyn.

MARRIED.—At Ithaca, N. Y., Oct. 20, 1885, T. M. Strong, M. D., Cor. Sec. of American Institute and Chief of Staff of the Homœopathic Hospital Ward's Island, to Miss Sarah H. Sibley, of Ithaca. Congratulations.

JOURNAL OF HEREDITY, under the editorial management of Mary W. Bennett, M. D., of Chicago, makes a respectful bow and

enters the arena. It is bright and newsy. The editorial address in Central Music Hall.

DIED.—"St. Louis, Mo., Dec. 10, 1885. Edward C. Franklin, M. D., died to-day at 1 P. M., in his own house," is the brief but sad note received as we go to press. An extended notice will appear in our January issue.

A FIRST-CLASS homœopathic physician wanted at Big Rapids, Mich. Population, 5,000, no competition; also one at New Haven, Mich., 1,200, with New Baltimore of 1,000 population three miles away; no homœopathic competition.

HOW TO USE LISTERINE. This is a very complete and practical description of various uses and applications to which this *safest and most sensible of all antiseptics* is applicable. It will pay you to send your address to the Lambert Pharmacal Co., St. Louis, Mo., for a copy.

CLINICAL REVIEW. This is a new candidate published at Cleveland, Ohio, under the editorial management of C. L. Cleveland, M. D. It is well printed bright and full of news; a 32 page monthly for $1.00 per year. We welcome it to our exchange list, and wish it abundant success.

HOMŒOPATHIC JOURNAL OF OBSTETRICS. With the January No. this sterling quarterly begins a new career as a bi-monthly, under the editorial management of Phil Porter, M. D., of Detroit. It will maintain its present size, style, price and appearance, and we trust an increased usefulness.

BŒRICKE & TAFEL'S BULLETIN is to be converted into a Journal and published once in two months, under the name of the *Homœopathic Recorder*, and the editorial management of Dr. J. T. O'Connor. It will be devoted to the introduction of new remedies and excerpts from the foreign Medical press.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY, has made its appearance in a new dress. It is now a monthly. The first two numbers contain some valuable articles. The autopsy of Dr. B., in the Sept. No., is very instructive. We wish we could say as much for the homœopathic treatment of the case.

To our readers and contributors we are under many obligations for encouragement and aid during 1885. For the coming year THE ADVANCE will be as aggressive as ever, some of the ablest writers in our school having been secured. We shall give our readers about 100 pages per month, exclusive of advertisements, making 1200 pages per year, for the small sum of $3.00. Call the attention of your friends to THE ADVANCE.

THE
MEDICAL ADVANCE.
A MONTHLY JOURNAL OF MEDICAL SCIENCE.

H. C. ALLEN, M. D., Editor and Publisher.
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PLEASE NOTE.—To accommodate both publisher and reader this journal will be sent until arrears are paid and it is ordered discontinued.

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ORIGINAL CONTRIBUTIONS.

HOMŒOPATHY—ITS FUNDAMENTAL PRINCIPLES.

PROF. J. T. KENT, A. M., M. D., St. Louis, Mo.

As we are about to enter upon a discussion that leads beyond the probability of ready comprehension, and as I may encounter, even at this center of Hahnemannianism, those who have not traveled beyond "faith" and "belief" permit me to ask my hearers to lay aside both, and with me enter into a line of thought and investigation, and accept the outcome regardless of preconceived opinions, faith or belief. These have no part in a scientific discussion.

For the benefit of those who may not have a copy of the Organon we quote from Wesselhœfts' translation:

SECTION 16. Our vital force, that spirit-like dynamis, cannot be reached nor affected except by a spirit like (dynamic) process, resulting from the hurtful influences of hostile agencies from the outer world acting upon the healthy organism, and disturbing the harmonious process of life. Neither can the physician free the vital force from any of these morbid disturbances, *i. e.* disease, except likewise by spirit-like (dynamic, virtual) alterative powers

One should proceed without opinion, without faith, without prejudice to weigh the statements found in the 16th section of the fifth and last edition of the Organon of Samuel Hahnemann.

The doctrines contained in this section are the result of many years of thought and classified experience and they conflict with the statements of accepted authority. But if it is the foundation of truth even in part, we must explore its interior and bow to its revelations. Though Draper and Carpenter have failed to discover these interior precincts, they have not demonstrated that Hahnemann's conclusions were illogical or impossible. With cell formation they are ended; but life, the home of disease, is unknown to them. The opposers of this doctrine, which the followers of Hahnemann have accepted as a great truth, may search in vain and quote authority without end, and the only result attained is: Not found; not demonstrated; unknown. These authors being ignorant of this vital *dynamis* deny its existence; they cannot see it; cannot manipulate it; and cannot demonstrate it by the common instruments of chemistry and physiology. Nevertheless, the time will come when physiology must deal with this question as a factor not in dispute. Then will the great void in this science be filled with that which will make medical science rest on firm foundations; while at present from old-school standpoint it has no foundation, and with the Hahnemannian school our foundation is disputed.

As it is possible that I shall be accused of extremism let me say, by way of explanation, that not all so-called

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of the appropriate remedies acting upon our spirit-like vital force, perceiving this remedial power through the omnipresent susceptibility of the nerves of the organism. Thus, healing remedies can and actually do restore health and vital harmony only by virtue of their dynamic action upon the vital force, after those changes in the health of the patient (totality of symptoms), perceivable by our senses, have represented the disease to the attentively observing physician, as completely as possible for the purpose of its cure.

homœopaths admit the truth of the dynamic doctrine and choose to call it "dynamic theory." There are graded believers in homœopathy as in religion. Some are born to position, others acquire it. To be born of Christian parentage does not make one a Christian. Yet, believing in Christ and His teachings, without following His example or obeying his commands, will distinguish him from the Jew. In like manner believing in the *Law of Cure* makes one a homœopathist. But, like the followers of Christ, it is only possible to be an exemplary one by close relation at the throne of grace, or measuring every action by the principles under the law. Therefore it will be observed that to be an exemplary follower of the Master-healer, it is necessary to be near him, and follow after him in all his steps that the highest degree of wisdom may appear in our methods. Not that I would blindly follow a leader who has been extensively courted; but that after discovering Hahnemann to have been the greatest living healer it behooves us that we follow him in all his intricate philosophy to ascertain, if possible, wherein rest his great powers as a physician, and then see if as a healer he is worthy of followers. If we have discovered that he was an original thinker and philosopher, and his teachings are as he described them to be, viz: the only true method of curing the sick, let us follow on as far as he has gone, not wavering a hair's breadth, until we have arrived at the point where the master left us and his great philosophy. Those who practice on a part of Hahnemann's teachings and fill the great void with "results of experience," do so with methods that the master unequivocally condemned; and while it may not be thought kindly of, the statement is true, they are not the homœopathists who have followed in the footsteps of the master. They have not lived closely to the law and are not Hahnemannians. Hahnemann said to a friend of his in Paris, who was complimenting him on the great number of his followers: "Yes, there are a great many homœopathic doc-

tors, but all my true followers can be counted on the ends of my fingers."

It is as an exponent of the philosophy of Hahnemann that I speak to you, his professed followers. It is because I have learned that the Central New York Society desires to live close to the Master and learn of him, as far as he had advanced, that I have traveled so far to address you on this occult subject.

While some of the enemies of homœopathy, and some professed followers of the *Law of Cure* have said that this great Master was visionary, and many harsh things, it may be well to observe that he never ceases to think with strength, and his very last thoughts are to be appreciated before we attempt to walk alone, or build a philosophy out of other material.

Before entering upon a fuller discussion of the statements which contain the Master's conclusion, let us look into the life of this man, and see what manner of man was he, and how was he led to such a conclusion relating to the invisible *dynamis*. We want to know whether he reasoned it out by a pure mental effort, or arrived at it after the use of potentized medicines—as a result of experience.

Burnett says: "Of Hahnemann's father sufficient is known to be sure that he was no ordinary man, inasmuch as he taught the young Samuel to think for himself—for which purpose he is said to have shut him up alone and given him a theme to think out."

If Ameke's history be read it will be seen at once that Hahnemann displayed wonderful energy in securing his primary training, as his father was a man of limited means.

Everywhere the facts confirm the historian, wherein he states that Hahnemann never admired metaphysical speculations; he always concluded on facts, never on theory or speculation. I refer you to his essay on the "Speculative System of Medicine," "Lesser Writings," p. 567, wherein a

masterly handling of the subject was done, showing a wonderful mind and a complete knowledge of the medicine of his time which he manipulated so iconoclastically.

In 1792 he challenged the physicians to justify themselves for the treatment administered Emperor Leopold II. Even thus early the masterly mind saw the perniciousness of the practice in vogue. Neither was he wanting in knowledge of many sciences.

He was the first to make the proving of drugs a system. From 1790 he continued the proving of drugs and throughout his writings he recommends the use of drugs whose effects are *accurately* known, which knowledge is to be discovered only by provings upon the healthy, and this is in keeping with his manners and acts; everywhere we find exactitude of thought and method.

While translating Cullen's Materia Medica, in 1790, he met the latter's explanation of the action of cinchona bark in curing chills and fever. Cullen attributes the curative influence to a "strengthening power it exerts over the stomach." Hahnemann refuses to accept this explanation, and cites the following: "Substances such as strong coffee, pepper, arnica, ignatia and arsenic, which cause a kind of fever, extinguish the periodicity of fevers." "For the sake of experiment I took for several days four drachms of good cinchona bark twice a day." The results are too well known to be recalled here; but it will be observed that Hahnemann did not refuse to accept Cullen's explanation without a reason on definite information, while Cullen's opinion was a mere speculation such as men feel compelled to offer when expected to say something. From facts Hahnemann was led to remark that Ipecac. must produce certain forms of artificial fever in order to cure intermittent fever. Gradually was he advancing by deduction to the great discovery of the *Law of Cure.* Up to this time while he had seen the evidence, he had not formulated the *similia similibus curanter:* in fact, nothing is seen of it

until 1796, in an essay which appeared in Hufeland's Journal, and is a part of the "Lesser Writings," p. 295—"Essay on a New Principle for Discovering the Curative Power of Drugs." In this paper he advises medicines in crude but small doses. "In a dose just strong enough to produce scarcely perceptible indication of the expected artificial disease." At this time he had not discovered the nature of the vital *dynamis*.

In 1801 he wrote a paper, "Cure and Prevention of Scarlet Fever," (Lesser writings, p. 369) wherein he recommended Opium tinct., one part to 500 of alcohol, and one drop of this to be shaken with 500 of alcohol, the patient to take one drop of this preparation at a dose.

It was after 1801 that his centessimal scale was brought into use. In this year he used Belladonna and Chamomilla in about the 3d or 4th dilution.

Very soon he discovered that "the diminution of the action of the drug was not proportionate to the diminution of its quantity." Also the astounding fact became evident "that medicines could be so diluted that neither physics nor chemistry could discover any medicinal matter in them, and yet they possessed great healing power."

Hufeland says Hahnemann was the greatest chemist of his day, therefore was not in ignorance of the actual inability of the science to measure the quantity of medicine in his newly discovered healing agencies. His enemies have said he was highly educated in physics, botany, chemistry, geology, astronomy, pharmacy, etc. His greatest and last attainment was his discovery of dynamism, which has distinguished him from all men and established a Hahnemannism that will stand as long as the world stands.

They may run away with homœopathy and befoul it into a modern nastiness, a mongrelism, and by virtue of might and numbers vote it to mean anything they choose, but they have no power to change Hahnemannism, which stands and must forever stand as a living truth wherever men love

truth and are not afraid to speak their true convictions. I do not favor "isms;" but, Mr. President, in this case our only safety is to stand by this one for the simple reason that when any other name has become popular it will be stolen as the honored name of homœopathy has been stolen, and is no longer an expression of the doctrines of Hahnemann and its most conspicuous representatives who do not make use of his methods. If an enquiring allopath seek information of one of these modern representatives he will learn nothing of the teachings of Hahnemann. Why is this? Simply because the colleges have not taught the 16th section of the *primer*. They have not taken neophytes up through the primary work, but have placed them at work with the advanced course which is never learned without the primer. Where have we such a parallel in other sciences? One of the conditions necessary to the successful perpetuation of this science is a knowledge of its first principles, and how to teach them.

Let us now proceed to inspect the various editions of this Organon, and we see what a careful man our author was. He was not a man to adopt a theory of others before having thoroughly tested it, and having observed the facts upon which the theory was based. Everywhere we see originality of thought, firmness, great power of observation, comparison, and most wonderful reasoning. Metaphysical speculation was repulsive to him, which he carefully avoided in the first edition of the Organon, that was published in 1810. He was eminently practical in all that he said and did. Thus you will search in vain in all the first four editions of the Organon for the term and idea of the vital force. He only spoke of the interior of the organism.

In the seventh section of the first edition: "There must exist in the medicine a healing principle; the understanding has a presentiment of it, but its essence is not recognizable by us in any way, only its utterances and actions can be known by experience."—

Twenty-three years later, when seventy-eight years old, in the fifth edition, published in 1833, in the ninth and tenth sections, he distinctly calls a unit of action in the whole organism the vital force. From this it is evident Hahnemann arrived at this conclusion after a long and practical experience, inasmuch as he was led up to it by his early perception of the similar vital principle contained in the medicine (see first ed., 5th section) which is only recognized by its action upon the organism. I have now shown you that it was not metaphysical speculation that led the master to the idea of the vital *dynamis*, but a long series of practical and experimental research.

If we would think for ourselves let us inspect some of the facts that relate to general medicine and see if we can answer some of the questions that are propounded, and then revert to the vital *dynamis*. We read in the time-honored text-books that there is such a condition of the human body known as a *diathesis*—in fact, several of them; again, that these diatheses are hereditary and predispose to disease. What is this diathesis out of which grow so many diseases? In one subject comes cancer; in another insanity; in another tuberculosis; and in another epilepsy, or Bright's disease, or Hodgkin's disease. What is the strumous diathesis? What is this state of bad feeling that precedes any fixed organic change that locates in an organ? Can it be that this latent wrong in the vital power is not worthy of consideration? Can it be that the kidney can take on structural change and become waxy without cause? You must say, no! What is the cause of this lesion, and why do not these named exciting causes always produce the same results, and why does not every person subjected to these exciting causes become afflicted with waxy kidneys? You answer because there is a predisposing, determining influence at work. Yes, the diathesis. But the diathesis has no foundation in fact, only a thing of the imagination. A convenient explanation of unknown things; a figure-head in the

text-books, out of which we have had no benefit, and learned no lesson from the old-school, whose literature has so wisely furnished us with a meaningless lot of terms.

We read of the weakness, of the dropsy, etc., coming from Bright's disease, but we do not read of the pre-historic symptoms. Are they of no value? Are they not present? Yes, they are present. Then what are they? We read of exciting and predisposing causes, but we do not read why a similar combination of exciting and predisposing causes is not always followed by Bright's disease. We have a right to ask this of a system of medicine that claims scientific attention and public patronage. Another example, if you please. We read of a self-limited disease called scarlatina (scarlet fever.) Any allopathist will warm up in opposition if you tell him that scarlet fever is not a self-limited disease. If it be a self-limited disease it must result in resolution or death; the child must recover by Statute of Limitation, or—die. They do not all die; some are left even under old-school treatment to tell the tale. From these we learn that ear discharges are the result of scarlatina. This otorrhœa is not a part of scarlatina, as according to accepted teaching, that disease is self-limited. The child was a picture of health before the scarlatina; then, what is this new trouble? Specialists treat the otorrhœa as if it were a new disease *per se*; if so, whence has it come and what is the nature of it? A novice can tell you a long name and affirm that it is catarrhal; but that is not satisfactory. Where did it come from? Did it come spontaneously, or was it the result of some latent wrong in the vital *dynamis*? I say in the *dynamis*, as there was no tissue change before, and the scarlatina has long gone. We do know that this new trouble is essentially chronic; and that in scarlet fever there is no chronic element. Now, has this sore ear simply developed at this, a propitious time? Has the scarlatina so weakened the mucous membrane of the aural tubes that they become the

favorite sites for the expression of a something that the disease when badly treated has aroused into action? I say when badly treated, because when the disease is properly treated, otorrhœa does not follow. I no longer see such troubles, and have not had them since I have been able to recognize their true nature. What is this something that may exist for years in a latent state, be handed down from generation to generation and come to view at any time and cause chronic troubles to follow self-limited diseases? We have a right to a civil answer to a question of this kind. If a vital wrong is capable of existing for years in an invisible state outside of the tissues, there must be some invisible precinct that stores it, or it does not exist. Can it now be doubted that a disease may exist for years with or without a morbid anatomy? Rokitansky says scrofula has no morbid anatony. To be logical; according to the material school, there is no scrofula and no stroma; that scrofulous manifestations have no cause, and, consequently, no reality. Why do not all injuries of the synovial membranes of the ilio-femoral articulation result in hip-joint disease? Why do some abscesses close with the evacuation of pus, and others form sinuses and fistulæ? Look where you may in literature other than Hahnemannian, and you will find mere speculation, theory, but no practical deduction.

Hahnemann describes three constitutional miasms that may exist in latency, that develop and progress in the vital *dynamis* without changing the tissues that may spring into destructive activity and attack organs and give shape to countless lesions called disease; that these miasms should be recognized as primary wrongs out of which grow incurable maladies, and all structual changes. Shall we learn a lesson from these reflections, or shall we pass them as mere theories? Hahnemann teaches the nature of these miasms; it is not my province to discuss them, but to simply call them up as the essentials to the complete study of the 16th section. The questions to be answered from all these are:

First.—Have we such a condition as an invisible immaterial disease?

Second.—If so, are all diseases of the same nature, and

Third.—Is it rational to attempt to nullify a disease of immaterial nature by material substances?

Hahnemann's early deduction was that disease being of an immaterial nature could develop only on a similar basis or in a similar sphere, when in contact with a similar quality of force; and to again reach it curatively, a force must be found equally as immaterial.

The mystery of the vital force for all practical purposes in the healing art has been solved by the immortal Hahnemann, and named the vital *dynamis*. His deductions are summed up in the 16th section. This section furnishes the key-stone to the doctrines of Hahnemannism, and without which the great arch must flatten and collapse. Without this finishing doctrine his followers would be where all are who have rejected it—floundering in the mire of uncertainty and floating in the swift and muddy rivers of guesswork and disappointment. The study of the 16th section clearly sums up what the great philosopher believed disease to be. Let us enter this wilderness and see where we are directed. If we accept the teachings we must admit that (the results of disease) lesions, tissue changes cannot be considered as primary expressions of disease, but as a consequence. The molecular vibrations or vital activities give evidence of life either changed or in equilibrium. It is life even in sickness, as death can only find expression primarily in cell changes, which is no part of our vital activities, yet a warning that a continuance of the expressions of wrong life must mean progressive death. To consider life in the sense that Hahnemann looked upon it—as normal activities within the organism—we must then look upon these normal activities changed by cause to be abnormal, which is disease. The only evidence of disease is the definite expressions that deviate from the normal which we

choose to denominate the language of the vital wrong (section 7), "Hence, the totality of these symptoms, *this outwardly reflected image of the inner nature of the disease, i. e., of the suffering vital force.*" Localization is at all times a secondary state or the result of disease, while changed feelings are the primary manifestations. The primary or changed feelings often escape observation, as in a gonorrhœa; but the disease has been pervading the economy for a period of eight days, and the localization finally appears as a discharge. The same is true of all contagious diseases, and, as far as is known, of every disease. If we look upon disease with any other view and consider it *per se* when it localizes itself, and then search for a name to fit it, by virtue of its morbid anatomy, or its location, we trace it to its observable beginning, and as though it had no cause, and study it in relation to changed cells as a something with only an ending, but with no beginning. But when looking at all tissue changes as the result of disease we are in position to inquire: What is the disease proper? This guides into the pre-historic state when there were no tissue changes, and yet there will be found ample expressions to convince us that all was not perfect in the invisible vital kingdom, where the microscope has given us no information, and the scalpel has not been directed. Then it is with this pre-historic state, these vital activities, that we have to deal. Before the change in the tissue has occurred there must have been a cause of morbid vibrations, a condition of morbid vital activities, or cell-changes could not have been wrought. What is the nature of that state or condition that existed before the tissues and cells changed their shape? There must be two, the right and the wrong; the former the correct life function known by the absence of all subjective sensations—a feeling of bodily comfort and ease; and the latter by the presence of subjective morbid feelings. The former is known as health; and the latter as sickness or disease. These cannot be measured as a quan-

titative influence, as the cause is only qualitative in itself, and its results are but a perversion of a proper force. It will be as difficult to demonstrate that quantitative influence is necessary to produce vital changes as to demonstrate that there is a measurable quantity in noxious forces so hurtful to man. Therefore, we may conclude that causes purely qualitative act destructively. We now have the right to assume that all vital changes primarily are only qualitative in the sense of misapplied force, and that these morbid vibrations are the disease, and all there is of disease *per se*.

Now we may assume that life is a *dynamis*, capable of perpetuating its own identity when the medium through which it acts is not destroyed or impaired. Again, to act upon the *dynamis* and not disturb the medium there must be a force brought in relation with the vital force equally as qualitative and as free from quantitative consideration. It hardly needs further demonstration to show that this vital perversion is possible, but we observe daily the wrong feelings that have been known to exist for years without quantitative changes or localization. Thus we have arrived at Hahnamann's conclusion. But now we glean that if an equally subtle *dynamis* is necessary to cause disease and disturb the harmonious relations of the vital activities, and it is admitted that the law of *Similars* expresses the curative relation and the only law of the kind known to man, must we not conclude that this curative power or force to be a corrective principle must be equally qualitative and subtle with the life principle, with the disease cause, with the disease itself? The vital affinity cannot appear between forces of foreign relations; they must be *similar* in quality and devoid of quantity. Power used in the sense of overpowering an antagonist has no place in the science of homœopathics; but it is a consideration of a given force deranged or perverted to be simply harmonized and restored to equilibrium.

It will at once be observed that a surplus of force is im-

possible only as a surplus in a qualitative relation which has no part in the similitude of a purely qualitative problem. To attain the highest degree of similitude, not the quantity of a given power, is the aim. The similar in quality with similar expressions of activity is the *sine qua non*, as we have demonstrated that there is no quantity necessary in the consideration. Therefore if this be only a spirit-like *dynamis*—and I believe the demonstration is clear—all of the quantity taken or made use of must be that much more than similar, therefore unlike, and much more than the demand to restore equilibrium; in other words, contrary and in no relation curative, not in any sense restorative, but, on the contrary, retard the return to normal vibration by impairing the medium through which the vital *dynamis* must operate. In relation to cure it has so often been said by the Master, there was yet too much medicine to cure; the dose is yet too large to cure. The use of the term quantity conveys the idea of strength which has no part in any homœopathic sense as related to a curative agency. To reduce remedial agents to primitive identity of a qualitative character only that they may act through the new medium, is the aim of the true healer. Not until they are divested of their own media can they be quickly corrective, or be active in any sense as similar agencies.

This view may appear to oppose some statements of Hahnemann. In section 45, "The stronger disease will overcome the weaker one." This is only apparent. The two diseases being partially similar overcome each other only in part, but the part of the one overcome only in part reproduces itself and runs its course unmolested. In section 34, "for it is by virtue of the similitude, combined with greater intensity." This statement may be correct, but I believe it to be only apparent, and that the similitude is the only necessary demand for the destruction of both, or rather the correction of the wrong in the *dynamis* or spirit-like vital force. There being no entity there can be

nothing to overpower, only a perverted effort to be corrected. Any disease will subside apparently by natural decline when met by a noxious influence of similar *dynamis*, or sick-making possibilities regardless of intensity. This view strengthens the Law of Similars, and is in harmony with immaterial activities. It is not adding a new force, but applying a force to correct a perverted life principle.

The noxious disease-producing influences have nothing in common with material agencies. When so crude that they can be seen and manipulated they are feeble sick-making agencies. [The skeptical experimenters, in provings made with attenuations, forgot that a special predisposition is frequently necessary for contagon, and that this predisposition cannot be made to order, but must be utilized when found, which affords a propitious opportunity for the pure experiment through which we discover the sick-making power of drugs.] (Sect. 31). The dangerous and most noxious agencies are of the unknown. The most astute have failed to find the cholera or yellow fever causes. The cause of small-pox is yet unknown. The subtle influence that in one stroke swoops down upon a village is not measurable by our crude senses. The small-pox poison when attenuated with millions of volumes or atmospheric air comes to the surface through the mails and through old clothing by inhalation, and the slightest contact. The impression wrought upon this spirit-like *dynamis* accumulates until the medium is threatened with destruction, all from a simple perverted life force.

In this 16th section: "Neither can the physician free the vital force from any of these morbid disturbances." No, because the life force being an immaterial force like electricity, there is nothing to purge out, nor puke out, but a simple vital perversion to be corrected and as the wrong is essentially immaterial, nothing but an immaterial something can be similar enough to it to act upon it as a correc-

tive. A material substance may change the organism and thereby suppress or suspend an immaterial wrong, but the latter will return so soon as the former, its medium, resumes its normal conductivity. It will be observed at once that the essentials of cure do not exist in operations upon the organism, and as material substances operate largely through the organism, the true disease is not reached. The object then must be to avoid operating upon the organism and essentially through the vital impulses by correcting the perverted vital activities. The causes of disease existing in a highly attenuated form are similar in equality to the vital *dynamis*; hence the affinity or susceptibility. This same affinity must be acquired by a drug substance. The attenuation must be carried on until a correspondence of spheres has been reached, or until resistance is no longer possible. The point of the highest degree of similitude in quality between two activities is variable, as it is in a degree observable in a very wide range of attenuation; as, many quick cures are observed from low attenuations, but, more commonly the high and highest attenuations furnish the most striking examples. That low potencies cure, nobody disputes; and this does not refute the doctrine, but it must be admitted that it is by virtue of the inherent dynamic principle that is curative, though more feebly curative in the low than when the drug is attenuated to a quality equal to the quality of the attenuated disease to cure and the qualitative vital *dynamis*. The striking changes sometimes observed from low attenuations are the results of primary action on the organism which Hahnemann seeks to avoid. To bring about such results medicines must be repeated while a single dose of the attenuated medicine would prove curative, and not influence the organism primarily. From a practical stand-point let us look upon the results of obeying the instructions of the Master, who was always guided in his later years by the doctrines of the 16th section, and contrast them with the results of those who disobey this teaching.

The former class has followed closely the Master's teachings, accepting the dynamic doctrine, and in this line have they made their cures, with the same evidence claimed by the other class, simply the patients recover. They have not felt the need of other methods than those taught by Hahnemann. They have not gone backwards, but, on the contrary, they have made some progress. How have they progressed? Let us see. If you will consult section 41 of the Organon you will see. Here we see that Hahnemann declares it almost impossible to eradicate some diseases because they had been complicated with drugs having no relation to the disease. He says that his remedies were always capable of curing effectually all simple diseases. Hahnemann then used but the 30th cent. potency when this section was written, with few exceptions. What have his faithful followers to say as proof of the truth of the doctrines and as proof of progress? That many of these most complicated diseases can be wiped out. That the drug symptoms can be subdued by very high attenuations, leaving the simple original disease to manifest itself through the natural medium, when it can be cured by the 30th potency of the Master. They who have rejected this doctrine as a dogma have never seen this work, and they never will. Yes, we shall progress if we observe facts, and unflinchingly cling to the doctrines of the immortal Hahnemann. Let us look at the contrast. What can be said of this class. Their cures are only a deception. Had they really cured their cases they would not need to resort to the latest whim of an empirical profession. They have abandoned the teaching of the 16th section, and what is the result? They know that they cannot cure the sick, and they even refuse to believe that any one else can. You never dispute a cure where it is in keeping with your daily observations. They say ague must have quinine, when the follower of the Master cures all his cases with the attenuated appropriate remedy. The Materia Medica that has

been found so satisfactory in the hands of Hahnemann and his followers has been a failure and needs revising. There must be something wrong, and we want no greater evidence of their failure than that the chief defamer, J. P. Dake, requires in his practice a large stock of Warner's sugar coated pills, composed of crude medicines. If this is true of the chief, what in the name of heaven must the lesser lights need, who must, of course, be less skilled? They have declared that any one who simply selects his remedy under the *Law of Similars* is as high as he can attain in the art of healing; and he may thereafter cover his patients with mustard, and apply all the local measures he chooses. Even they say that the local treatment is assisted by the internal remedy.

The first departure from the dynamic doctrine is dangerous and leads toward non-success, and careless method is the outcome. Safety comes from simply not only following the law of selection, but also the teaching of the 16th section must be heeded. Look at the alternation departure, and see the laziness of his thoughts. Examine the prescription file in any drug store of a large city. What do you find? Simply a lot of prescriptions called homœopathic, whose only element of homœopathy is the signature of a long professed homœopathic practitioner.

Hahnemann regarded this vital *dynamis* as a unit of force (see section 15) and the departure from health as a unit of force. We cannot study the 16th section and ignore this portion of the dynamic doctrine. How absurd it must appear to one who has a clear comprehension of these truths to consider for one moment the problem of alternation which the Master has so unequivocally condemned in section 272 and its note. Take a mental state that clearly indicates Nux vomica, and associate it with a Pulsatilla menstrual condition, with menses too late, scanty and pale. In the former Pulsatilla is contra-indicated by the crabbed temper; in the latter Nux is contra-indicated by the con-

dition of the menstrual flow. The two, therefore, are contra-indicated, neither of them corresponding to the unit of force known by the totality of symptoms. Can it be possible that by combining them it will make either or both homœopathic to the demand of this unit? Hahnemann everywhere speaks of using only such medicines as are accurately understood by having been proved on the healthy human body. Here we have a compound unknown, composed of elements neither of which is homœopathic to this unit of force, that they can act uniformly curatively? These departures, wherein the doctrine of the 16th section is not heeded, are the foundation of all ill-success, of the cry for a revised Materia Medica, and of so-called modern homœopathy. I must say again, that modern homœopathy is built out of the departures from the doctrines of the immortal Hahnemann. These men have found the Materia Medica so inadaptable to their wants, that a majority of their prescriptions are composed of crude drugs. These departurists have so departed from the methods of Hahnemann that the homœopathic profession as a mass to-day is but a caricature, having violated every principle of the philosophy that has anything distinctive.

They may find momentary comfort in it, but every true man must feel like uttering: "Father forgive them; they know not what they do."

[Address delivered before the Central New York Homœopathic Medical Society, December 17, 1885.]

"WHAT CONSTITUTES A SCIENTIFIC PRESCRIPTION?"

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In the MEDICAL ADVANCE, Vol. XV., No. 5, p. 271, the above question heads a paper of more than common interest, as well for the thought with which it has been elaborated, as for the confessions which from time to time ap-

pear as the writer progresses. In this time, when the word "*scientific*" is of so frequent use, and carries in it so great a force and charm to so many minds, we should prefer the question in this form: *What constitutes a prescription "Scientific?"* Prescription, as a duty, is only related to the "science of therapeutics." It is "scientific" only when, and and just in proportion as, it is in accord with this "science." There are many sciences remotely related to this of therapeutics, but this duty of prescription, which sums up the practical application of the law which underlies this science, is more nearly related to it than any co-related science whatever. The prescription is "scientific" when it has been made in compliance with the requirements of this law. All prescriptions otherwise made, *i. e.*, all into the basis of which elements not required by this law have been incorporated, or from which basis any elements have been omitted or excluded which this law requires, are by these facts made "*unscientific.*"

Then the subject is resolved into the answer to this other question—what does the law which underlies therapeutics require in a prescription? It requires that *all* knowable phenomena of a sickness shall have their counterpart in the record of the agent the prescription presents for its cure. This faithfully complied with, and neither law nor the cure require anything more or beyond this. This prescription *is* scientific, and no other is, whatever of sciences remotely related to that of therapeutics may have been lugged in as helps in the process of its make up. Indeed it is but too often the case that the more these have been brought into the discharge of this duty the more "unscientific" has been the prescription, and unsatisfactory the result. *Simple* compliance with law gives to the sick the "*scientific*" prescription which alone is adequate to the speediest and safest cure the case admits of, and this without the interference of any accessories whatever.

The writer gives four peculiarities which, as he under-

stands it, "*constitutes a scientific prescription.*" The first is:

"*A remedy or remedial measure which antidotes, or neutralizes, or counteracts the cause.*"

It is a sufficient reply to this, that many prescriptions are necessitated, where the prescriber is ignorant of the "*cause*" of the sickness he is expected to cure. And then, further, it is the effects of the cause he is to cure and not the cause. Now in prescribing for a case of migraine. What does the prescriber know of the *cause* of this? It is wholly beyond his reach oftener than otherwise, and he is only concerned with the sufferings this cause has produced. And by a strict compliance with the demands of law he may hope to cure its pains with no reference whatever to "antidoting," "neutralizing," or "counteracting" the cause, of which he knows nothing, and this just as certainly as if he knew all about it. But it is not to be denied that there are cases of sickness where a true knowledge of the cause may help the prescriber greatly in his search for his specific. A knowledge of this, when it can be had, is never to be despised or neglected, though a prescription may be a compliance with the demands of law without this, and therefore be a "scientific prescription."

In illustration of the writer's idea of the importance of a knowledge of the cause of sickness, after naming many different causes of these, he says:

"Are we to treat morbid states resulting from such diversified causes upon the one undeviating principle or method, that of their symptomological similar? *Dolor, calor, and rubor* may appear in some phase of the disease resulting from every cause specified, and shall pain, heat, and redness form the basis of a prescription, whatever their origin, or whatever organ or tissue they may involve?"

This would look a little as if the writer had very imperfectly comprehended the scope of our law, or when writing the above was for the time unmindful of its requirments. Has he met many cases for treatment composed *only* of the three elements he has instanced? These three

elements are often met, but they do not often compose *all* the symptoms of a case, hence they are but a part of the facts which are to be accepted as the basis for a "specific prescription," and presumably if this writer will give the other symptoms of his case their proper place, with these three, in the basis of his clinical prescriptions, and then deal with the *whole* as the law requires he will find less of occasion for criticism, and none for dissatisfaction with the results of his treatment. It is not easy, before the problem of a specific, or "scientific prescription," which we take to be the same thing, to say what importance can attach to his diverse causation, as elements in this problem, unless different causes produce different effects. Nor what to these different effects, unless the *difference* is perceptible to the prescriber. Nor how this difference can appear otherwise than in the symptoms. So that, after all, the talk of the importance of causation as a controlling factor in specific prescribing, (or "scientific") we are forced back on the *totality of the symptoms* for all knowledge we can possibly have of the *effects* of different causations in producing morbid states of functions or tissues. If different causes produce identical effects, then the specific for these is in the one drug. If the effects of different causes are not identical, the specific is pointed out by the differences in their action. The *totality* of these decides the question of specificity, and also the "scientific" character of the prescription founded on it. And this *totality* will prove as sure a guide to this knowledge as it is to that of the single specific, which Homœopathy presents as our only guide. With this knowledge, however, we are to accept *all* the effects of whatever cause, or we are never to come to this knowledge, without which, indeed a successful prescription may be possible, but then it is never "scientific," but only a fortunate blunder.

The writer's second element in a "scientific prescription" he gives in these words:

A remedy or remedial measure which harmonizes with the natural principles involved, be they mechanical, chemical, or dynamical.

With this there may be no complaint. But with the illustrations given as his idea of this proper relationship, and of this as opposed to, or in any way an addition to, or improvement of, the directions of our law for dealing with the sicknesses resulting from varied causations, we should object. And first—of his abscess—of his overloaded stomach, etc.

These are mechanical conditions, and the law is, mechanical and chemical conditions may require for their relief mechanical or chemical means. There is nothing different from this in our law of therapeutics, or in any intelligent advocacy of this law. That this should be assumed by implication, reminds one somewhat of the old time opposition to a practice based on the totality of the symptoms, which represented this practice as though it pretended to reduce fractures and dislocations by powders and pellets. The "natural principles involved" in all cases of sickness outside the circle which embraces those of chemical and mechanical origin are dynamic in their nature, and are best dealt with by means which are of a similar nature. To resort to these for the relief of mechanical conditions can only be the act of a professional idiot. In this it would be on the same plane of intelligence as that which would resort to chemical means for the relief of dynamic conditions. In dealing with the results of chemical causes, only chemical means are in place, while the cause continues to act *chemically.* After this action has ceased, the case is to have the dynamic remedy which has in its record facts which are most like those dynamic results, which remain to be cured after the cessation of the chemical action of the cause.

The writer under his second head has spoken plainly and well of microbes as causes of diseased action, and of treatment based on their supposed character as causes. To

his utterances on these subjects intelligent men may safely say, amen!

The last paragraph under this second head is not very clear as to what the writer really meant to say. We can attach to it no meaning, unless it would be one which would seem to be subversive of fundamental principles of Homœopathic philosophy, and we are not willing to believe he intended this.

The third peculiarity of a "scientific prescription" is given by the writer in these words:

A remedy or remedial measure which fulfills the indication of the pathological condition.

Of course this is not to be left out of a prescription which is intended to be "scientific." But what is this "pathological condition," anyway, and how is it to be discovered? It is talked of much, and much insisted on as a necessary element in therapeutic problems, but oftener than otherwise with no very clear idea of what this really is, or of its true place in clinical duties. It is not always clear, so it would seem, to those who talk most, and most earnestly of pathology, its "states" and "conditions," that the "science" of therapeutics is *one thing* and that of pathology *another*. And that, strictly regarded, the relations of the two are only remote, if indeed they are not independent of each other, though both enter into, and are parts, in all clinical duties. The "science" of therapeutics is that which teaches how to come to a knowledge of the specific remedy for a case of sickness. The law which underlies this "science," and which is the only known and sure guide in its practical application, requires the comparison of two *known* factors in every case of sickness to be cured, that the demanded similarity of each to the other may be ascertained before it will accept the one as the curative of the other, and the pathological *condition* is *not* one of these factors. This is a necessity in the case, because the law requires *known* factors for its demanded

comparison, and the pathological *condition* is often largely, and always more or less, a matter of *guessing*.

The pathological "condition" is a supposed condition of internal parts which are not and cannot be seen. Why is this "condition," then, *supposed* to be thus or thus? Why, indeed, but because certain perceptible phenomena are supposed to be indicative of this. These perceptible phenomena (symptoms) are all there is *known* about it, and these the "science" of therapeutics claims as its own, and uses them, and by this use constitutes any presumption founded on them "scientific." Pathology only uses these as a basis for *guessing*, and therefore, just so far as these guesses have entered into the making of a "presumption," they have made it, of necessity, "unscientific." The guesses of the pathologist have no place with the factors therapeutics accepts as helps in its practical application. The intelligent pathologist uses his guesses, founded on symptoms, to help his judgment in deciding as to the curability of his case and in forecasting its probable future. If he brings them at all into the duty of selecting the specific curative, (making a "scientific prescription") he violates, by so doing, the law, obedience to which alone can constitute any prescription "*scientific*."

The science of pathology has its place with the sciences the physician should know, but knowing this is not all there is of it, and if he do not know also where and when it is to find its appropriate place and use in practical duties, it is of no earthly value to him, talk of it and boast of it as much as he will. And in search for, and discovery of, the specific for a given case of sickness, this has no place. Its only place in clinical duties is in the *prognosis* of the case, and is not, and never can be, rightly brought into the question of selecting its specific curative. These facts, we think, dispose effectually of our author's third element of a "scientific prescription." And then his attempts to illustrate the necessity of a recognition of this

"condition" of "scientific prescribing" are so many evidences that he has wholly failed to comprehend the first principles of Homœopathic philosophy. He gives several symptoms of Calcarea carb, and says:

"*They are given as characteristic indications for the administration of the remedy*"; *and that* "*one reputable author advises its use upon these indications in ninety named diseases, which involves, probably, every tissue and organ of the body, every function, diseases acute and chronic, toxic and benign, organic and functional, and those representing exaltation and depression indiscriminately.*"

Just so. While we would again remind our author that Homœopathy demands that which is *most like all* the symptoms of a case, to constitute any member of Materia Medica its curative, and therefore its selection a fulfilment of whatever pertains to a "scientific prescription," we would advise him, in any case where he finds the symptoms he has given, to carefully consider Calcarea before he selects another remedy in its place, and only to do this after he has found some other remedy *more like* the demanded *totality* than is Calcarea. If, after such an examination he finds the Calcarea *the most like*, he can give it with the utmost confidence, and expect a successful result of its use. And further: The remedy will act out its own nature in restoring sick forces, and in doing this, if its actions be really *most like* those of the morbid process, it will cure, asking few or no questions as to "causes" or "pathological conditions," because this is law that it shall do so. It will be all the better for the prescriber and his patients if he asks as few, giving the specific, because it is declared to be such by the law, which is not likely to make mistakes, and which these many years has justified itself, and the selection of specific curatives under its guidance, by successes such as have followed no clinical practice based on other, or on no principles. The difficulty with this writer in understanding homœopathic law and philosophy is his notions of "causes" and "pathological conditions"

with which true "scientific," *i. e.*, homœopathic "*prescribing*" has so small concern, seems to get between his vision and the demands of law, so that they are very imperfectly seen and comprehended. The Calcarea will care nothing for the *names* of these ninety diseases to which he has alluded, to show what seemed to him to be the absurdity of the claim some one had set up for the broad range of the clinical application of this remedy. Whether this claim be just or not is in no part dependent on or decided by the greater or less range of causation of these ninety diseases, but only whether the action of the remedy be more like the morbid phenomena which characterize them, however caused, or whatever its pathological condition, than is that of any other drug. If this be so, then Calcarea is the curative of one and all of them by reason of this fact.

Our much loved and honored Carroll Dunham gave the *true* definition of pathology when he declared it to be "*the science of symptoms.*" This our author has quoted, but he seems to have failed to apprehend the scope of this definition, which effectually disposes of his third element in his "scientific prescription," where he seems to present his "pathological condition" as a necessary element, *to be added* to the proper consideration of the symptoms of a case, to constitute any prescription for its cure "*scientific.*" Presumably preconceived notions of the much talked of "causes" and "conditions" obscured his vision, as we have already suggested.

His fourth element which he gives as necessary to a "scientific prescription" was evidently intended to cover all possible grounds, not already considered, under the treatment of his three preceding ones. It is given in these words—

"*A remedy or remedial measure which characteristically fulfils the law of similars, as regards all subjective and objective signs, organic affinities, order of progression, and primary and secondary manifestations of both disease and drugs.*".

This seems an example of an effort to load down the simplicity of our law of therapeutics with considerations of which it has no need, and which can in no wise be helps to it in the duty of prescribing. It is but another of the many utterances we have heard from thoughtful men, who could not be content with its sole requirement of *likeness* to the "*totality of the symptoms.*" There must be *something more* to give "scientific" character to prescriptions, and the "scientific" they would have. It is not enough that the remedy chosen proves *curative*, which it certainly will, if it be most like this totality—it must also be "*scientific*" to satisfy our pride. We say satisfy our pride, because we can see no other end gained by incorporating into the process of finding the specific curative, considerations of other questions, or sciences, not included in this totality. These outside considerations only obscure the light which discloses the true curative, and in no way or time do they, or can they, contribute aught to its discovery.

It is not denied, and should not be forgotten, that when the prescriber enters the sick room there should go with him a knowledge of many sciences, and that he may have use for either, or all of them, before he leaves it. And this consideration gives opportunity for the remark, that clinical duties and the duty of finding the specific curative are not interchangeable terms. The one may involve a knowledge of etiology, pathology, diagnosis, prognosis, sanitation, etc.; the other, a knowledge of the "*totality of the symptoms,*" and of the remedy, the record of the actions of which on the organism is most like this "totality." To attempt to combine aught of knowledge of these other sciences with that the law requires for the discovery of the curative, is only to introduce confusion where the God-given law only deals successfully with plainest simplicity. Keep this distinction clear in the mind, and much confusion is saved, and much of talk of the necessity of the "scientific," as a basis for clinical prescription, where there

is no perception of the only "scientific" foundation possible for a "scientific" prescription—that of the science of therapeutics.

What our author says, finally, of the scientific intelligence of Hahnemann is no more than just. But in his admiring enthusiasm of the intelligence which discovered the nature and causes of the different classes of chronic diseases, (would that all the world might be inspired with the like!) he seems to have forgotten that when after these "profound studies" which brought these causes and their nature to light, this man, fearless among the learned and "scientific" of his generation, when he would cure the results of the action of these discovered causes of disease, based his prescriptions on a knowledge of the "totality of the symptoms," and not on any pathological condition supposed to have resulted from these causes. And his record of cures will stand through all time with that of those who have cured most, safest and speediest of those prescribed for—and this because his prescriptions were *par excellence* "SCIENTIFIC."

THOSE FRENCH RESOLUTIONS.

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Those notorious resolutions which emanated from the Paris Homœopathic Society last Spring, and were aimed at my book upon diphtheria, and at the practice of Homœopathy as taught by Hahnemann, did not escape my notice; but this is the first that I could give them the attention they deserve.

I was not only surprised, but astonished, at the conduct of those Frenchmen, at their resolutions and their ignorance. Take them at their own showing, and they are entirely ignorant of what was well enough known as facts in science, to get into the German and English text-books upon both pathology and physiology half a century ago.

And they are as ignorant as the Digger Indians of the long series of investigations that I have made during the last three years, which have not only proved beyond question all that I asserted six years ago in my book, about the pretended bacteria of diphtheria, being only different forms of fibrin; but have also opened a new world to science, by showing us what *primary life* is, or rather where it resides; that it has its home in fibrin; and something of the remarkable operations that it is capable of and goes through.

Every paragraph in my book, bearing upon the cause and nature of diphtheria, was directly based upon some one or more of the best established facts in either pathology, physiology, or anatomy, and I presumed (not without reason as the result proved), upon the superior intelligence of my American readers, without giving the authorities in but few instances. But these Frenchmen were too ignorant of the whole subject to know the basis of my work, or anything else of value in connection therewith; and the New England Medical Gazette seems to have been just ignorant enough of it all, to have endorsed and applauded these ignorant Frenchmen in what they said and did.

For six years I have been writing upon this subject, and given to it all the spare time I could possibly command. In that time I have written much, and never hesitated a moment to commit myself, in almost every conceivable way, to the numerous facts upon the subject as I found them, without prevarication, or compromise, on a single point; and now I insist upon something besides ignorance, shameful ignorance in many instances, being longer put forward in opposition to the *facts* given. It is getting to be about time that a little investigating were done by the enemies of the truth on this subject, and that the results of their investigations were fully and *honestly* given. By the way, does anybody suppose that the bacterists, or their abettors, would not be more than delighted to rush into print with the first proof they found in opposition to my views? Instead of

this, however, they are as dumb as oysters in everything excepting their ignorance, and in this they are growing more and more feeble as time goes on. If they had found the first fact different from what I have asserted, would they not be only too glad to give it against me? It would not be much of a venture, in guessing, to assume that not a few of them have been investigating, and that those who knew enough to comprehend what they saw, have found the results just as I have asserted them to be; hence the silence and the inability to bring forward the first *fact* to show that I was wrong. Several have ventured upon false assertions, but they do not find many imitators or believers, and drop the subject when cornered.

In regard to treatment what shall be said; indeed, as this is by far the most important branch of the subject, what should be said in defense of the practice of Homœopathy in diphtheria as against these pretenders? Here these Frenchmen are more ignorant, if possible, than upon the pathology or etiology of the disease. I did not venture to recommend the treatment of diphtheria that I did in my book, until I had had *fifteen years* of uninterrupted success; not a death, and no troublesome sequelæ in a single case. And that, too, after ten previous years of another kind of treatment, with better success than these Frenchmen can show, but still such results in a small percentage of the cases as I did not want to see more of. How has it been, on the contrary, with the authors of those resolutions? In not a single case have they put in practice the treatment I recommended and which has left nothing to be desired; or, at least, they have not reported a single failure under such treatment. But in their rage of blinded prejudice, and without the slightest experience or knowledge of such treatment, they proclaim it "bizarre." Out upon such brazen pretension put forward in this nineteenth century as science, or as just conclusions drawn from extended and careful trials of that treatment, such as a true scientific spirit would demand.

Let me cite these men a recent case. About three months ago a little girl some twelve years of age, was brought to my office suffering seriously from diphtheria; so seriously, indeed, that I was alarmed for the results of bringing her out in such a condition. Her tonsils were enlarged to the size of the first joint of a man's thumb, so that they met in her throat; were mostly covered with a dirty or mealy looking membrane, already showing indications of malignancy; the whole buccal cavity and tongue were beginning to take up the irritation, so that the little patient complained much of the sorenes and smarting of the entire inner mouth; the lips were both swollen to more than double their natural thickness, with their borders of a crimson hue, as though the poisoned blood were just ready to burst through; she had a restless bad night; her pulse was one hundred and twenty and upwards a minute, and other indications equally alarming.

For this condition and combination of symptoms I could think of nothing else, as being indicated, but Belladonna, *one dose* of which, a few small pellets, in the 2000th potency (Jenichen), was given dry upon the tongue, to be followed by Sac. lac.; and an aunt, who accompanied the girl directed to take her home immediately, put her to bed, and notify me in the early evening if she were worse, but if not, then in the morning without fail, if she were not a good deal better. I heard nothing that evening, and the next morning the aunt came a considerable distance to tell me of the remarkable effects of the medicine; that the patient had an unusually good night, having slept nearly all the night through very quietly; that the tonsils were so greatly reduced in size that she could see a large portion of the back wall of the throat between them, which was impossible the day before; that the membrane was almost wholly gone from both tonsils; that she had no fever during the night, complained none at all of the smarting soreness of the mouth and tongue, or of other symptoms. That was the

end of the case, recovery having taken place fully and completely in a day or two more.

Now, can any one honestly say they believe, or have they the evidence to prove that this, or any other case of equal severity, would have done as well without medicine—indeed, have they any other treatment to recommend that will equal, or approach, the beautiful results reached in this case? They know they dare not trust such cases without medicine, and they know of no other treatment that will change a case of such alarming symptoms to one of convalescence and safety so quickly. A few weeks later I was called to an exactly similar case to the above, in a girl two or three years older, excepting that the symptoms were not quite so severe, gave her one dose of Belladonna 2000th, followed by placebo, called the next morning, found the tonsils not more than half as large as the day before, the membrane nearly all gone, and the next day discharged her fully cured.

Many and many have been the cases of equal, and often of much greater severity than these, where I have seen just as remarkable results, changing them from conditions where death seemed almost inevitable in many of them, to that of hope and confidence, in a day or two or a few days, followed always by convalescence; and this by only one, or at most two doses of the exactly indicated remedy. So that it was not upon one, or a few cases, nor upon dozens of them, but only upon hundreds, and all saved, that I based my recommendations of such treatment. Contrast this with the conduct of the authors of those resolutions. It is a just criticism upon them, fully warranted by what they have done, to say they would evidently rather a large per centage of all their diphtheritic patients would die, than act the part of honorable, scientific men and put such treatment to a fair and honest test. Indeed have they not already done their best to put down the *only* treatment that has ever yet reduced the death rate from diphtheria far

below ten, yes far below five per cent? Men who will do that will hesitate at nothing to carry out their prejudices. And here again the New England Medical Gazette applauds, evidently desiring to perpetuate a system of treatment that loses from twenty-five to fifty per cent. or more of all serious cases, according to the malignancy of the epidemic, rather than see the truth, that is, the right treatment prevail, and thus save ninety-five per cent. or more of all cases.

To all such let me give an incident that to me is of infinitely more satisfaction than all such annoying assaults. During the month of December 1885, while attending one of the most earnest meetings in the interests of the highest and best practice of Homœopathy, that it was ever my pleasure to attend, several of those present came to me saying they wished personally to thank me for my book; that they never knew before how to treat diphtheria; that they now lost very few or none of their cases; whereas, previously, they had lost many. Do the violaters of all, or the most of Hahnemann's teachings, think they can destroy such work by their ranting or abuse?

Are these fantastic and frivolous Frenchmen so shallow as to imagine they can, by a few false and impudent resolutions, deprive me of a record of clinical experience of fifteen, yes *twenty years* it is now, in the treatment of diphtheria, with the loss of not so much as one per cent. even, of all cases treated in that time, or take from me the satisfaction that such results bring? Or do they think they can rob the sincere and earnest followers of Hahnemann, or the world, of the hope and encouragement that such a record gives in the treatment of one of the most formidable and fatal acute diseases that mankind has ever been brought to face?

These *bizarre* Frenchmen are pretended followers of Hahnemann (heaven spare the mark), and they live in Paris. Do they remember another set of resolutions passed

in that same city against Hahnemann, and against what they themselves now profess to believe; and by another body of men infinitely higher as scientists in the estimation of the world than they? I allude to the Academy of Sciences and its fulminations against Hahnemann and Homœopathy fifty years ago, more or less. Did those resolutions deter these men from the acceptance of what they now pretend to believe? Those Academicians did their best in a most shameful spirit, as scientists, to destroy and take from the world the great truths of Homœopathy. But did they succeed? They, of course, greatly retarded the acceptance of the *only* science of therapeutics the world has ever had; that is, greatly retarded it, to what would have been the case, had they fully, fairly and honestly investigated the subject, (as is incumbent upon every scientific man to do), and as honestly given the results of an honest investigation. And they perpetrated this outrage in the sacred name of science, which history will not forget, and for which it will hold them to a strict accountability. And now, these feeble imitators of their Academy proto-types, have attempted by a set of false resolutions to turn back, for a century, the hands upon the great dial of progress in therapeutics. And they too, like their predecessors, did this without the slightest investigation; that is, without putting to the clinical test the treatment, which on the recommendations of Hahnemann I tried and found all that could be desired. History also will hold them to a strict accountability. They saw their opportunity to play upon the prejudices of men, without reference to truth or honor, and they also did this under the pretense of a solicitude for the advancement of science. Bah! I am getting to hate the very name of science, so many have been and still are, the outrages almost daily perpetrated against the truths of nature, from under what should be its sacred cloak.

It has come to this, that all such pretenders in our ranks, to knowledge which they do not possess, seem to have entered

upon a crusade against Homœopathy and all the Hahnemannism in it, under a pretense of solicitude for securing a better science in its practice than Hahnemann gave us; but, at the same time, violating every rule and principle of science, in their pretended investigations, and in their clamor for a hearing. There was *no other way* by which the world *did* learn, and no other way by which it possibly *could* have learned the poisonous and drug effects of medicines, excepting by actual tests from introducing them into the human system. And there is equally no other possible way by which men could have learned, or ever will learn, the curative action of medicines, whether in the crude form, in low potencies, or in high potencies, except by actual tests in prescribing them for the sick. And yet, we find a set of men, with little sense and less reason, disgracing science by forcing the microscope entirely out of its legitimate sphere, and forcing it to usurp the place of life, or of the vital force, then clamoring themselves hoarse for their interpretation on this false basis (of what it is utterly impossible for the microscope to do), being accepted as the final judgment in the most profound and important question with which men have to deal. Was there ever such a travesty upon science, and such a disgrace to science, perpetrated in the sacred name of science? Ignore and ridicule all the means, methods and rules of investigation, by which we can know anything upon a subject, and put forward false methods by which we can know absolutely nothing of that subject, then demand that all this is in keeping with science and for its highest interests! This is well worthy of the resolving Frenchmen, and, indeed, of all others engaged in this crusade to ruin Homœopathy.

KALI CARB.—Mrs. R. D., whilst pregnant, was troubled with sickness that came on only during a walk, without vomiting, and accompanied by a feeling as if she would lie down and die. Promptly relieved by the 200.—*J. B. Wood.*

MATERIA MEDICA.

MATERIA MEDICA HINTS.*

DR. E. SCHLEGEL, Tübengen.

Toxicological facts helped us to many valuable drugs; among others to Mercurius cyanatus. It may be therefore advisable to study out some later researches.

A volatile mercurial preparation of great and characteristic poisonous qualities is the *Mercuric Dimethyl* ($C_2 H_5$)$_2$Hg, a heavy colorless fluid, insoluble in water, little soluble in alcohol, easily soluble in æther. The inspiration of small quantities of the fumes causes a lingering intoxicaton, with confusion of the faculty of talking, loss of the sense for localization and rapidly increasing degeneration of the mental faculties leading to total dementia. This preparation deserves therefore our study in acute and chronic cerebral affections, dementia paralytica, cerebral syphilis.

Selenwasserstoff. SeH_2 (Selen Hydrogen), quite analogous to sulphuretted Hydrogen and possessing a similar odor, is produced by the action of diluted muriatic acid upon Seleniron. The inhaling of the gas causes dryness and painful sensation in the nose as when an electric brush is introduced. The eyes redden, and the sense of smelling is destroyed for some time. Berzelius mentions that after inhaling a very small quantity, he lost for several hours the sense of smelling to such a degree that even the strongest Ammonia had no influence. Smell returned after five or six hours, but a severe attack of coryza followed and lasted two weeks. As it decomposes easily, it must be potentized in a black bottle immediately after its preparation, and may be tried in anosmia, chronic coryza, formation of crusts in the nose or for neoplasmata (polypi). It may be, perhaps, permissible to inhale the freshly prepared gas

*Translated from *Alg. Hom. Zeitung* 17 and 18, 1885, by S. Lilienthal M. D., New York.

in chronic nasal affections, so that the acute medicinal disease may swallow up the chronic process, just as this happens in pannus by the inoculation of a blenorrhœa or in chronic conjunctivitis by Jequirity-intoxication of the eye, a practice of the old school and a kind of involuntary Homœopathy.

Chrom.—The action of this Selen-Hydrogen on the mucous membrane reminds one on the action of *Chrom* upon the nasal septum. The Lancet of 1882 had a notice that in the Russian Chrom-factories ulceration and perforation of the septum narium with gradual destruction of it is frequently observed. There is at first titillation, followed by hæmorrhage. Its whole course is painless. This action clearly shows the relationship of Chrom with the syphilitic poison and in late medical literature Chrom is mentioned in the treatment of Syphilis. So we read in the *Annals of Surgery*, April, 1885, that laborers in Chrom-works show on their hands and forearms typical cutaneous ulcerations, very similar to syphilitic gummata in the process of detrition, which sometimes penetrate quite deeply. Simultaneously are also observed perforating changes on the nasal mucous membrane of the septum, also similar to syphilitic processes.

Secale cornutum. An epidemic of Secale intoxication during the years 1879 and 1880 brought 28 cases of psychoses from ergotismus to the lunatic asylum at Marburg. All these patients and others treated at the dispensary showed symptoms of an affection of the posterior columns. Four of the patients came upon the dissecting table and gave all the manifestations of recent cases of tabes dorsalis. Many symptoms, given in our Materia Medica, already hinted toward it and now the anatomical proof demonstrates the verity of these functional relations to be based on our law of similars. Melancholia, anguish, dementia, and mania can also be found among the symptoms recorded in the Materia Medica. A full description

of the Marburg epidemic in relation to the mental affections may be found in the eleventh volnme of the *Archiv für Psychatric* of Siemens.

Lathyrus cicera. The *Forchnette der Medicin*, Vol. II, 12. reports an endemic disease observed among the Kabylis, appearing after a bad year and where they were obliged to use for food the kernels of Lathyrus cicera. The symptoms of the disease attacked mostly males and usually appeared in an acute form after catching cold, hinting especially to an acute transverse myelitis with motory and sensory paraplegia of the lower extremities, vesical paralysis, etc. After some time amelioration usually set in, so that the patient could use his legs again, the sexual and vesical weakness, as also the sensory disturbances diminished and only the symptoms of tabes spasmodica remained. In many cascs a restitutio ad integram took place. Veterinary surgeons also found that horses dying in consequence of such an intoxication, suffered from paralysis of their hind-quarters. The disease was for years well known among the Arabs.

Lathyrus cicera is not found in Germany, but Lathyrus sativus may also become dangerous, and a French physician considers the Beriberi disease as caused by it. I lately read in a journal that horses were poisoned by Lathyrus sativus and died with the symptoms of paralysis and spasms in the respiratory organs. It seems that all the different species of Lathyrus act powerfully on the central nervous system, especially on the spinal column.

With the exception of Secale these poisons are hardly mentioned in medical works. We homœopathic students may study with some benefit the fashionable remedies now in vogue, and draw therefrom new proofs for the law of similars. *Corrosive Mercury* is just now a favorite in surgical dressings, aud off and on we hear of symptoms of poisoning appearing with symptoms of acute enteritis with post mortem appearances of dysentery. *Iodoform* poison-

ing gave symptoms of meningitis and it may be worth while to study this drug in suitable cases. In the *Wiener Med. Presse*, 22, 1885, we find a case by poisoning by *Cocainum*, produced by dropping it into the eye. About 15 drops of a 2 per cent. solution had been used, and caused headache, nausea, loss of appetite, disgust for food, great malaise, apathy, drunkenness with reeling, inhibition of thinking, difficult speech, great restlessness and insomnia, and the symptoms disappeared only very slowly.

Unna of Hamburg recommends the use of *Ichtyol*, and in the *Deutsche Med. Wochenschrift*, No. 23, 1885, we find it acting most splendidly in a case of chronic rheumatism. The preparation was originally recommended for psoriasis and eczema. According to Boehm it is a tarry mass of the consistency of an ointment, dark-brown and of a peculiar odor. It got its name from the petrified fishes found in Tyrol. According to the publications of Unna and Lorenz its specific applicability to the skin and articulations cannot be doubted. It deserves our study, as we have well-proved medicines belonging to the same class; and our thoughts immediately revert to *Kreosote*, also a product of organic, dry distilled substances; to Carbo animalis and to Oleum animale Dippelii. Of the latter we find a proving in the second volum of Hartlaub & Trinks (Allen's Encyclopædia, VIII, page 149), and we would like to lead the attention of our readers especially to these symptoms: dryness of mouth and throat; sensation of a foreign body in the throat causing nausea; hawking up of glutinous, dried-up mucus; burning in pharynx as from alcoholic drinks or as from pepper; very difficult swallowing on account of dryness of the throat; sensation of constipation; boring in the ears, the roaring and singing murmurs in the ear hint to affections of the drum and of the Eustachian tube. In No. 2 of Schwabe's populare *Zeitschrift* of 1880 we find a case reported by Dr. Pfander, who verified these symptoms in a case of chronic laryngeal and pharyngeal catarrh.—*Alg. Hom. Zeitung*, 17 and 18, 1885.

A FATAL CASE OF IODISM.

D. E. BOTTORF, M.D., Ashtabula, O.

Mrs. B— Aged 55 years, nervo-bilious temperament, consulted me Nov. 6th, 1885. Had always been in fair health with the exception of a few attacks of gastric catarrh.

Family history:—Father died of paralysis at about the age of fifty. Mother died of old age.

Present history:—Thyrocele, unilateral—right side; has existed many years, but she thinks it is enlarging recently. A daughter had enlargement of thyroid for which a preparation of Iodine was prescribed by an old school physician in ten drop doses three times a day. About half an ounce or less of the preparation remained in the house. Fearing the thyrocele would grow larger and become unsightly she decided to take the above preparation and remove it. After taking it a few days or longer, she consulted a druggist concerning the strength and quality of the preparation, and was told it was Syrup of Iodide of Iron, and that a dose of even thirty drops should not prove serious. In addition to the internal use of the drug an ointment of Iodine and Camphor was prepared according to a formula in Dr Chase's Medical Work, and used locally to the tumor.

Thinking if ten drops was good more would be better, she increased the dose to twenty drops three times a day, for about five weeks, when one morning she discovered, while preparing breakfast, a tremulousness of her limbs, unsteady, staggering gait and rapid action of the heart compelling her to desist from work. Three days later when I was called, this condition existed in a worse form; tremulousness, staggering gait, tumor not diminished, pulse 140 per minute and very weak, temperature normal, anxiety and apprehension.

She thought the Iodine was affecting her heart and dis-

continued its use a few days previously. She was then unable to walk alone across the room. Appetite and digestion had been good up to the present time and only the rapid action of the heart had excited apprehension. I diagnosed Iodism; gave Ignatia; advised the use of starchy foods, milk, etc.

Nov. 7.—Found her unable to stand without assistance and the trembling of limbs worse, no pain present. Tongue thickly coated,nervous symptoms predominant, hysterical in character. Gave Gelsemium.

Nov. 8.—All symptoms aggravated. Violent vomiting and inability to retain any food or drink. Mouth and throat dry as blotting paper. Tongue thickly coated, hard, very dark and dry, coating apparently imbedded into mucous membrane. Obliged to take something to moisten the mucous surfaces every few minutes. Dysphagia from dryness. Bryonia followed by Ipecac, controlled the vomiting and permitted the taking of small quantities of liquid foods. Starchy foods previously taken were ejected in large quantities of bluish color, showing the reaction of Iodine and starch. Slight soreness existed in hypochondriac region. Pain and tenderness over stomach and epigastric region. Inflammation of stomach; temperature 100 degrees; pulse remaining constantly from 130 to 140 and above. Bowels inactive; confined about ten days and yielding only slightly to injections.

A very annoying feature was an accumulation of tenacious phlegm in the throat which was expectorated with the greatest difficulty. Gave Tartar Emetic followed by Gelsemium. For a few days following, patient remained in about same condition as above, the symptoms showing signs of amelioration; slept better and was less nervous.

About Nov. 15, she again grew worse. Vomiting and retching recurred. Mouth and throat so sore she could scarcely swallow. Much tenacious mucus and short breathing. Cold feet and limbs. The trembling of body

and limbs had ceased. Owing to excessive dryness of the mouth and bad condition of the tongue, I gave a solution containing Phillips' Wheat Phosphates which softened the coating on the tongue and it became detached in large pieces leaving surface dry, red and inflamed.

All symptoms gradually became worse, the limbs became paralyzed on the 19th, paralytic action extending to organs of deglutition and respiration and mind became clouded. Ptyalism appeared on the evening of the 20th, and death occurred about 2 o'clock on the morning of the 21st.

The above mentioned remedies were the ones chiefly used, though Arsenicum was also given. This case is interesting in several particulars.

First. The dose taken being that very often prescribed by our "regular" brethren, if not by some professed Homœopaths.

Second. The absence of ptyalism until after paralysis had occurred.

Third. That no symptoms were observed prior to five weeks after commencing the use of the drug except palpitation of the heart.

Fourth. The speedy termination of the case by paralysis.

I have learned a lesson of experience from this case which will forever caution me when prescribing Iodine; and while we as Homœopaths are not likely to have such results befall our prescribing, yet must we not be very careful lest we may unsuspectingly subject our patient to the deplorable effects of chronic Iodism and death? The result must also inpress us with the mistaken idea that Iodine used locally is not absorbed into the system, for it scarcely seems possible that that amount taken per oram, (there being not over one and a half ounces of the syrup) could have produced the fatal termination.

SPIGELIA: A PARTIAL PROVING.*

T. S. HOYNE, M. D., Chicago.

Believing myself to be perfectly healthy in every particular, I take pleasure in attempting to prove this remedy, hoping thereby to add to the list of already proven agents of mercy to suffering humanity.

I am of adult age, blonde, of full habit, round physique and vital temperament.

On December 4, 1877, I commenced the proving of Spigelia, as directed by our worthy teacher of Materia Medica, Professor T. S. Hoyne. The first marked and recorded symptom was an enlargement of and pain in the mammary glands, seeming to originate from the centre of the lobes deep in the mammæ and proceeding to the surface, producing irregular flashes of heat in the head, eyes, neck and shoulders; also, fullness of the head and eyes, making the eyes red and producing lachrymation with decided vertigo. At this juncture of the proving, January 3, 1878, I had a marked chill for two successive nights, coming on at night after retiring, commencing about the region of the heart and in the feet and hands. The chill affected the entire system, producing restlessness and hyperæsthesia of the nervous system, which keen sensibility remained after the chill passed away. *Urinary symptoms:* marked in the large deposit of uric acid in the urine, an occurrence never before experienced. The finger and toe-nails became brittle, the nails breaking off, and many white spots appearing. The teeth became so sharp and brittle that from the slightest contact portions would break off; becoming so sharp that the corners wounded the tongue and the gold fillings came out.

At this juncture my condition became such that I thought it wise to discontinue the proving for a time. But, to my

*Made with the tincture.

great surprise, upon leaving off the remedy the constitutional effects continued. Menstrual symptoms were as follows: My menstrual periods, which have always been perfectly regular, came on one week too early and produced a powerful constitutional disturbance, which proved to be more than I could bear, notwithstanding all my will force was exerted. I was obliged to leave the lecture-room and go to my room and retire from books, company and everything about me and admit that I was sick; osseous, muscular and nervous systems all giving out, rendering it impossible for me to leave my room for two days, feeling as though I had had a long and severe fit of sickness, ending in a relaxed condition of the system. A severe cold, a very severe sore throat, and cold on the lungs and in the head; so markedly different has been my condition from anything previous, that I know the whole train of symptoms from the 4th of December to this date, January 16, 1878, has been the result of the Spigelia. In addition to the foregoing symptoms I give the following which have been present to some extent from the first, namely: A condition of irritation of the heart so severe that the beating is heard almost constantly while walking and sitting; increased while lying down. The hearing of the heart-beat has been attended with pain in the heart itself, producing the sensation that I must get fresh air. Have had paroxysms of fever, with red lips and cheeks. The pain that has been present in my chest from the first culminated in gastritis, which for the past two weeks has been aggravated by a severe pain of a constricting character in the œsophagus, in two places; one stricture is one and one-half inch above the cardiac orifice, and the other about the middle of the tube, at which point the pain is constant and severe, passing through to the back just below the inferior angle of the right scapula.

At these points the pain is increased at every attempt to swallow either liquid or solid substances. These conditions

are aggravated by frequent vomiting of very sour, acrid, clear, bitter and frothy emesis; this especially is the case early in the morning before taking food or drink. Sometimes the matter vomited has been bitter and of the color of bile. The entire length of the œsophagus has been in spasmodic contractions so severe that for days and nights I could neither rest nor sleep without the almost constant use of ice. At this juncture the pain in the chest, the trembling of the stomach and beating of the heart were so severe that I was obliged to ask for an antidote, which failed to give me relief, and the effects of the tincture are still going on.

Second Prover—Age, 30 years.

PREVIOUS CONDITIONS—Health moderately good. Occasionally slight prolapsus of the uterus and a slight leucorrhœal discharge, which begins just before the menstrual period and continues for a short time after the menses.

SYMPTOMS—Evening of Nov. 12th took five drops of θ on retiring and continued taking five drops morning and evening for two days. On the morning of the fourteenth experienced an intense itching of the nares, discontinued the remedy for two days, itching disappeared. On resuming the remedy a second time, on the morning of the sixteenth, and continuing two days longer, had a dark brown, thickly coated tongue, and nausea rising into the throat, with a weary dragging feeling in the lower limbs. A suffocating feeling in the thorax. Ceased taking the remedy for two days. A third time on its being administered, the symptoms began in the evening about eight o'clock with burning red cheeks and lips, and a tingling sensation in the back part of the throat, very similar to that experienced after taking Lobelia. There seems now to be no difficulty with the uterus, and in fact on the appearance and continuance of the menstrual flow there is not that prolapsed feeling which has hitherto accompanied the menstrual discharge. The last symptoms upon taking the remedy the third time,

began between two and three o'clock in the morning with very severe pains, like labor pains, and lasted, I should think, for the space of half an hour. They came on gradually and increased and diminished in strength until three paroxysms had come and gone. They were preceeded by a chill which awoke me from sleep. Was lying on my right side, and continued lying in the same position until they were over, as turning on the back made them worse. Menstrual flow, a bright scarlet red. On resuming remedy fourth time same aggravations commenced in evening at eight o'clock with intense burning cheeks, red and hot, with sharp cutting pains streaking across the abdomen low down, and settling in the lower limbs and back. Menses have a fetid smell and bright red color, pains during menstruation make face and feet cold, hands remaining warm. A continuous feeling of wanting to urinate, the urine smelling strong. Urine bright straw color with a strong smell. When the redness disappears from the face it leaves it very pale. The menses make their appearance with a very depressing headache, pains almost unbearable. Neuralgia flying from one part of the head to the other mostly affecting the right side, and settling in the cervical vertebræ, with a feeling of imperfect support. While the face is red and hot, intense thirst; cannot be satisfied. A dull heavy ache in the region of the apex of the heart, with feeling as though a dull pointed knife was being slowly driven through it. A sallow, yellowish complexion followed, pulse feeble and slow. The duration of action is from thirty-five to forty days.

Third Prover.

February 4th, 1878. The following report of my proving of Spigelia is respectfully submitted to the consideration of the committee. I will say as a preface that I am perfectly regular in all my habits and believe myself to be in a state of health and have never been the subject of any of the following symptoms.

Took the medicine first the evening of December 8th as directed until I had taken four doses when I discontinued it thinking I got no effects from it. They day following its discontinuance I found my pulse somewhat accelerated and an aching pressure in the top of my head. These symptoms continued for a day when they subsided, but for a week subsequently I was annoyed with a tired aching feeling across the small of my back, over the crest of the ilium and down into pelvis particularly the right side, accompanied by a general feeling of languor and a desire to lie down. Also a slight constipation of the bowels.

December 26th. Began Spigelia again taking ten drops instead of five and continued it until I took the remainder of the vial. No immediate effect from it, but after a day or two the previous symptoms appeared somewhat intensified and with these additions: A boring sensation back of the ears, aggravated by confining the eyes as in reading or writing; flying pains through the head and occasional vertigo; also a consciousness of the heart-beat or palpitation. After these subsided the tired aching sensation returned to my back, side and pelvis, mostly on the right side, which continued nearly two weeks, and was worse in the morning or during the forenoon. Bowels quite irregular during this time and constipated. Do not think it has in any way interfered with the normal condition of the menses but do think there has been a slight tendency to leucorrhœa between the flow.

Fourth Prover.

"Non ignara mate miseris succarrere disco."

Age 39. Health good. Menses regular, flow moderate. Uterine organs healthy.

Being very susceptible to the effect of drugs, I began by taking three drops instead of five.

Took first dose at night two weeks after menstrual flow. Awoke after a short sleep with cutting pains in my head, general restlessness and nausea. Toward morning, slept.

On rising, experienced listlessness and languor. Urine scanty and high colored.

Repeated the dose in about half an hour and headache returned; sharp, stinging pains in whole front of head, the same pains in eyes with a sore, compressed feeling through the balls. Intolerable nausea. Dread of slightest motion or noise. Whole face red; icy cold hands and feet Pressure and pain in whole pelvic region, the pains shooting down the limbs. Burning heat in vagina, with sense of fullness and pressure, worse when standing.

Symptoms aggravated from 10 A. M. to 12 M.

Mitigation about 3 or 4 P. M. succeeded by stupor.

Repeated dose at night. Same symptoms returned with the addition of a constricted, suffocated sensation across the chest. Deep inspirations produced short, stabbing pains through the heart. Pain in head and eyes almost unbearable. Great thirst. Between 3 and 4 A. M. retired and slept.

The same languor on rising; trembling limbs. Heat, pain and pressure in uterine region, a dislike to move. Urine almost blood color, on standing the lower portion became gray; by shaking, it all assumed that color.

Vertigo on walking street as though side walk were rising up before me.

Waited several days then took three drops again at night. Same symptoms followed. Relieved about 3 or 4 A. M. In the morning took three drops. The pain in head and eyes perhaps not so severe, but great soreness as if bruised. The other symptoms aggravated. The most horrid nausea. Spasmodic pain through heart. Frequent stoppage, apparently of all muscular action of the heart, the blood merely gurgling through it, which produced no fear at all; a listless, disgusted indifference toward everything, even death itself, preventing. Loathing of food, especially sweets.

Menses appeared a few days too soon. Copious, bright red color and of foul oder. Great pressure and fullness with tearing pains in uterine region; sharp, stinging pains extending into limbs.

Menses followed by brownish leucorrhœa.

Ten days after flow, resumed proving. Obtained the same symptoms again. The same pains in the head, eyes, and uterine region, with pain extending to knees. Suffocation and irregularity of heart's action. *The most disgusting nausea*, not only mornings, but until along in the afternoon. Cold hands and feet. Face red, sometimes one cheek then both, sometimes upper lip hot and swollen as if my breath scorched it. Face sallow (unusually so) after flushes. The time of aggravation from 10 to 12 morning and night, amelioration 3 or 4 P. M., overpowering. Menses appeared about a week too soon. Very profuse, dark clots passing of most disgusting oder.

Brownish leucorrhœal discharge continued.

RESUMÉ OF SYMPTOMS.

Duration of action thirty-five or forty days.

Head.—Vertigo on walking as though pavement were rising up before me. Fullness of the head and eyes, making the eyes red and producing lachrymation with decided vertigo. Aching pressure in the vertex. Sharp stinging pains in whole front of head. Dread of the slightest motion or noise. Neuralgic pains, flying from one part of the head to the other, most on right side, locating in cervical vertebræ with a sensation of imperfect support.

Eyes.—Conjunctiva congested, red. Lachrymation.

Sharp stinging pains in eyes, with a sore compressed feeling through the balls.

Eyes, sore as if bruised.

Ears.—A boring sensation back of the ears, aggravated by confining the eyes as in reading.

Nose.—Intense itching of the nares.

Face.—Burning red cheeks and lips. While face is red and hot, intense thirst, cannot be satisfied. Intense burning cheeks, red and hot (with the pains). When redness disappears it leaves the face very pale.

A yellow, sallow complexion followed the pains about the heart.

Whole face red; icy cold hands and feet.

Face red, sometimes one cheek, then both; upper lip hot and swollen as if breath scorched it.

Face sallow, after flushes.

Mouth.—The teeth became so sharp and brittle that from the slightest contact portions would break off; becoming so sharp that the corners wounded the tongue and the gold fillings came out.

Tongue thickly coated, dark brown.

Lips and cheeks red and burning.

Tingling sensation in back part of throat.

Great thirst.

Nausea and vomiting.—Frequent vomiting of very sour, acrid, clear, bitter and frothy emesis, especially early in the morning before taking food or drink. Sometimes the matter vomited has been bitter and of the color of bile.

Nausea rising into the throat.

Loathing of food, especially sweets. Intolerable nausea; disgust for food.

The *most disgusting nausea*, in the mornings and in forenoon.

Stomach and Œsophagus.—Severe constricting pain in the œsophagus, in two places; one stricture is one inch and one-half above the cardiac orifice, and the other about the middle of the tube, at which point the pain is constant and severe, passing through to the back just below the inferior angle of the right scapula, aggravated by every attempt to swallow either liquid or solid substances, and by vomiting. Spasmodic contractions the entire length of the œsophagus, so severe that for days and nights, could neither rest nor sleep without the almost constant use of ice.

Inflammation of stomach and œsophagus.

Urinary Organs.—A large deposit of uric acid in urine.

Urine bright straw color with a strong odor.

Continuous urging to urinate, the urine smelling strong.

Urine scanty and high colored.

Urine almost blood-color, on standing the under portion became gray; by shaking, it all assumed a gray color.

Sexual Organs.—Menses *one week too early*, and produced such constitutional disturbance that I was compelled to admit, I was sick and remained in my room two days, feeling as though I had had a long and severe fit of sickness and ending in a relaxed condition of the system.

A prolapsed feeling which hitherto appeared before and continued during menses, has now disappeared.

Sharp cutting pains streak across abdomen, low down, and extend into back and lower limbs.

Severe labor-like pains, coming in paroxysms, gradually increasing and decreasing in strength, preceeded by a chill and aggravated by change of position, making face and feet cold, hands remaining warm.

Menstrual flow of a bright scarlet color and fetid odor.

Menses make their appearance with a depressing headache, pains almost unbearable, flying from one part of the head to the other, worse on right side and terminating in the cervical vertebræ with a feeling of imperfect support.

A slight leucorrhœa.

Pressure and pain in whole pelvic region, the pains shooting down the limbs. Burning heat in vagina, with sense of fullness and pressure, worse standing. Heat, pain and pressure in uterine region, a dislike to move.

Menses *too early*, copious, bright red color, foul odor, attended with fullness, pressure, and tearing pains in uterine region extending into the limbs, and *followed by brownish leucorrhœa.* Profuse dark clots passing, of a most disgusting odor. *Proceedings I. H. A.*

AMERICAN INSTITUTE OF HOMŒOPATHY: BUREAU OF PROVINGS.

In view of the great importance of the work intrusted by the American Institute of Homœopathy to the Committee on Provings, it becomes the duty of the undersigned to call

the attention of the profession at large to the work sought to be accomplished by this committee, to its importance, and to the necessity of giving to it the cordial support and the active co-operation of all who are willing to *do* something for the profession which gives them a livelihood and an honorable position in society.

The organization of this committee, at Deer Park, Md., session of 1884, was the outcome of the prevailing belief that the best interests of our school demand continuous and properly directed work in Materia Medica, above all in the proving of drugs, which cannot be accomplished as a part of the general work of a bureau annually undergoing complete re-organization. So fully convinced of this were many of the active workers in Materia Medica that for some considerable time there was considered the propriety of organizing a Prover's Union, as auxiliary to the American Institute of Homœopathy. The discussions arising from the suggestion of this plan, and the praiseworthy labors of Dr. A. A. Camp, of Minneapolis, Minn., then chairman of the bureau of Materia Medica of his state society, are responsible for the existence of his committee.

Without specific instructions it became at once the duty of this committee to exercise a close supervision over the proving of drugs done within the jurisdiction of the American Institute of Homœopathy, to formulate rules by which such provings were to be made, in order to insure completeness and safety against the perpetuation of old, or the introduction of new, sources of error. To give to the committee due authority, the Institute directed that provings offered to the American Institute must bear the indorsement of this committee to insure their publication as a part of the transactions of the national society.

The committee accepted the trust with a full and clear appreciation of the responsibility and of the patient work necessary to keep before the profession the advantages to be gained by intelligent reprovings, by supplementary

provings, by new provings, and by a series of carefully conducted physiological experiments. The members were conscious of the difficulty usually found in attempts to enlist the active co-operation of others when such co-operation implies even the smallest sacrifice of time, money, or personal comfort. Active work, however, was begun, rules for the making of provings were formulated, and the aid of the profession was invoked, the members of the committee, in the meantime, expecting only very moderate results from the first year's work.

The labors of the first year have proved satisfactory in the following results: They demonstrated that both men and women were willing to make provings under the direction of duly constituted authority; the rules of the committee were found in the main to answer their purpose, and no material modifications of them were shown to be necessary. The moderate number of provings actually made yielded some very interesting results.

To illustrate: Thermometric observations of the effects of Aconite in moderate doses upon the healthy human subject were had; several provers of the same drug without knowledge of each other, experienced a close correspondence in the development of sequence of drug action; characteristic symptoms also were developed, and the value of crucial tests and of countertests were abundantly demonstrated by the, in some cases very curious, effects noted by provers when taking non-medicinal substances. Modest as these results are, they are yet of sufficient interest to stimulate all to continuous and patient work in this direction.

The Committee on Provings will feel warranted in making an earnest appeal for further co-operation and help. The plans and rules are by no means perfected, but it is believed that the only way to arrive at absolutely satisfactory methods of conducting this work is to make a thorough trial of the rules laid down by doing continuous work under their provisions. It is sincerely hoped that the

teachers of Materia Medica in our various colleges will during the winter make the thorough proving of some drug under the direction of this Committee of the American Institute, by members of their class a part of the regular work of their chair. The attention of the bureaus of Materia Medica of the various state, and other medical societies is called to their opportunity for doing original and permanently valuable work in their direction. Medical practitioners, *men* or *women*, without serious inconvenience to themselves, can add valuable items to the general stock of knowledge from which they are drawing freely and constantly. Medical students by taking a share of this work, can thus gain a clearness of understanding of drug-action, and of the foundation upon which rests our entire system of therapeutics, which can be had by no other means.

To facilitate the work, the committee, through its secretary or chairman, will furnish any informrtion in their power, and upon application to Dr. A. W. Woodward, 130 S. Ashland Ave,, Chicago, Ill., will forward to prospective provers, free of cost, remedies of which provings are particularly desired, also printed rules and directions and blanks for daily records which reduce to a minimum the labor of conducting a prover's diary.

Under the provisions of the resolution by which this committee was created, all the provings presented are carefully examined at the annual session of this committee. Full credit is given to each prover for the work done, and, unless otherwise directed, the name in full is included in the yearly report of the American Institute of Homœopathy.

The committee, after mature consideration, and as a means of stimulating work of this kind, haye concluded to offer the following prizes: A prize of one hundred dollars cash to the individual prover who furnishes the best complete proving of a drug under the direction of this com-

mittee, covering all the series described in the circular on "Rules for Drug-proving." A prize consisting of a collection of text-books, chiefly on Materia Medica, presented by American publishers, reaching in pecuniary value a considerable amount, is offered to the class of college students furnishing the best proving of any drug under the same conditions. Such a collection would form a fitting nucleus for a medical college library, and since Messrs. F. E. Bœricke, Gross & Delbridge, Otis Clapp & Son, A. L. Chatterton & Co., and others, have already expressed their readiness to contribute, this prize will be worthy of spirited rivalry. In behalf of the Committee,

H. R. ARNDT, Chairman.

W. A. WOODWARD, Secretary.

CLINICAL MEDICINE.

WANTED, A DIAGNOSIS.

S. MILLS FOWLER, M. D., De Land, Florida.

DEAR ADVANCE:—Years ago, "when you and I were young," I occasionally saw my name appended to an article in your columns. Of course there was something to write about, a case to report, a feat in the way of practice, a symptom verified, or something of that sort ostensibly, but in reality, I sometimes ask, was it not as much to "see our names in the papers" as anything? But somehow, of late years, the verification of a sympton, the quick relief of some acute though violent affection, and so many cases that are not worth reporting, are matters of such common occurrence that it seems like "boys' play" to "write them up." Now, however, I am moved to write for sundry reasons. First, a question may arise involving the rights and privileges of the widow of a deceased brother physician, and I wish to make everything a matter of record while it

is yet fresh in my mind, and also to afford some of the fraternity an opportunity to throw some light into certain dark or (to me) obscure corners, pertaining to the disease.

Your readers probably know that about three years ago I came to Florida from Dubuque, Iowa, and located here in De Land "all alone in the world" (professionally), my nearest neighbor being at Jacksonville, 165 miles distant; so that when Dr. J. G. Bigelow, of New York State, came here about a year ago, I hailed his comong with gladness. Not because I had "so much to do," but I wanted some one with whom I could talk and consult; or with whom I could share the responsibility.

Dr. B. did not come to Florida "for his health," but, disposed to retire from active practice, he came on account of his family. I found him a pleasant, companionable, genial gentleman, a courteous, capable, careful physician, and we soon became warm friends. He was about 62 years of age, rather below the medium height, and of lean, spare habit of body; weight not more than 115 to 120 pounds. Since he came here his health has been exceptionally good, until about a month since, except an attack of eczema of the scalp, last winter, which confined him to the house about two weeks. This he treated himself, his principle dependence being Rhus tox 200, and his recovery was perfect so far as we were able to discover.

About November 18th he met me on the street and said: "What shall I take? I have been suffering the most profuse, debilitating sweats, for two or three weeks. I am so weak and prostrated that I can only with difficulty move about; and this terribly distressing dyspnœa, I don't know what to think of it, and begin to feel some anxiety." I noticed his difficulty of breathing, much as one suffering from asthma; also a "fagged-out" appearance of the face, and asked him what he had taken. He answered, mentioning a number of remedies "which seemed indicated," all in the thirtieth or two-hundredth potencies, among them

Cinchona 200. I suggested that he try it low. He answered, "I don't like to get down on my knees."

I assured him that I had verified this for a fact, viz., Cinchona high will not control night sweats; but often it works like magic in curing disorders consequent upon such, or other colliquative drain, or "loss of animal fluids," and often I had seen the finest effects from the exhibition of the first or second attenuation in controlling the "*cold sweats*," especially in phthisical subjects, and believed in such cases in alternating a low with a high potency of this remedy; at least, my experience warranted such a belief. He then promised to try it and I thought no more about the matter.

Monday, November 23d, at 9 a. m., his son called at my office and requested me to see his father as soon as possible. I immediately drove to the house, and found him in bed, lying on his back, with but an ordinary pillow beneath his head, suffering great dyspnœa, and in a drenching perspiration from "head to foot." Pulse 90 per minute, rather full, hard, with high tension, conveying a sensation of a cord beating against the fingers. Temperature 97.5° F. Patient seemed anxious, and said, "I am in a bad shape, doctor, or I would not have sent for you." Percussion revealed some slight lack of resonance over a circumscribed area not more than 1½ inch in diameter, between the third and fifth ribs, about three inches to the right of the median line of sternum, and an increased area of "præcordial dullness," but *not the least tenderness*. Auscultation showed diminution of respiratory murmur, with augmented bronchial sounds on the right side, over the area above described, and a regurgitant *bruit* at the base of the heart; but owing, however, to the loud wheezing sounds accompanying the dyspnœa, the finer thoracic sounds were greatly masked; but further than this I could discover no disease within the chest. There was no evidence of pleuritic effusion but the augmented heaving of

the chest-walls, particularly at the superior third, with very little or no respiratory movements of the abdomen, led me to the suspicion that there was inertia of the diaphragm. I learned further at this visit that it had been the patient's practice every morning to rise early, go out and attend to his horse, work some in the garden, etc., then come in and while warm after such exercise bathe the whole body in cool water, change his clothes, etc., and that the present sickness dated from one of these exploits, in taking violent exercise (for him) by running a small hand garden plow, and in this over-heated and over-worked condition taking his usual bath. Taking the evident causes and all into account I exhibited Rhus tox 200, to be repeated every four hours, and returned at 5 p. m., to find quite an improvement in the general condition.

Tuesday, Nov. 24th, 9:30 A. M. Patient had rested better than usual through the night, had slept more, and was feeling encouraged; he thought he had sweat less, yet it had been very profuse, thoroughly wetting through the sheet, a flannel blanket, and well into a thick comfortable. Was lying on a lounge in dressing gown and slippers. Pulse 90 full and hard, less tension. Breathing labored and difficult. Temp. 97.5 degrees. Bowels constipated, though this is habitual. Urine judged to be normal. Appetite good.

I might have mentioned before, the appetite has been good all of the time, food of the most nourishing character taken freely and with relish; yet he loses flesh and strength day by day. Percussion on right side gave a little more resonance, otherwise chest symptoms remain unchanged. Rhus tox. 20m two doses dry on tongue at intervals of six hours.

Wednesday, Nov. 25th, 9:30 A. M. This morning the patient complains of the profuse sweat, which is worse. There is increased difficulty of breathing. Resonance on percussion; on the right side normal, on the left improved.

Auscultation; on the right side moist rales and vesicular murmur more distinct; on the left side the normal sounds are *less* distinct, which with the *decrease* of præcordial dullness on percussion, seems to afford evidence of pericardial effusion which is now being dissipated. No medicine.

5 P. M. The patient is feeling more prostrated; he has has sweat profusely all day and now there is a clammy coldness of the extremities that makes us anxious. The breathing is more labored, and there is a tendency to suspensions of respiration, which is followed by aggravated efforts. The abdomen is somewhat distended with flatulence, which is passed freely affording relief for a short time; there is no pain or tenderness, but only some discomfort from the distension. Cuprum met. 30 every four hours.

November 26th, 10 A. M. This morning the friends feel encouraged. The dyspnœa has been less troublesome; slept some, more than usual, and evidently a natural sleep, and there is less distension of the abdomen; chest sounds are normal so far as can be detected, but greatly obscured by the loud wheezing within the trachea and larynx; there is yet the regurgitant *bruit* at the base of the heart, but the percussion sounds are about natural, the "increased dullness" having subsided to healthful limits. The valvular sounds cannot be detected with any degree of nicety, and we are disposed to suspect "valvular insufficiency," at least at the aortic opening; not only on account of the regurgitant *bruit*, but also the quick rebound of the radial impulse. Cuprum met. 30 seemed doing an admirable work and is continued, lengthening intervals.

Friday, Nov. 27th, morning. There is no marked change, and Cuprum continued. (Was this right, or should we have suspended the medicine?)

4:30 P. M. Shortly after my morning call the patient began to feel cold and chilly and to have rigors. Found him anxious and restless, and in a drenching sweat;

calls for water often, but only wants a "sip" to wet his lips and tongue. The dyspnœa is increased; the tendency to suspensions of respiration more marked; pulse 90 but softer; temperature 97° F.; the face looks flushed, is not hot, while the ears and point of the nose are cold; hands and arms, feet and legs cold and wet, as though just taken out of cold water; there had been hallucinations and strange imaginings during the previous night, which I now learned for the first time. "There were two of him; or he was double;" "another person in the bed with him;" "he had hard work to take care of himself, or the other person, etc., etc. Arsenicum alb. 200 every hour.

(*Note.*—What signifies this chill? It cannot be the precursor of fever, for the temperature is diminished. Not evidence of formation of abscess and pus development, for there had been no pain nor inflammatory fever. Was it not rather the result of prostration; loss of vitality; the ebb of life?)

8 P. M. Exceedingly restless; no improvement. Abdomen greatly distended and tympanitic, but no pain nor complaint. Less thirst. Face rather more flushed, but cool, while the nose, ears and extremities are cold. We were anxious, and there being no evident response to the Arsenicum we exhibited Carbo veg. 200 every hour, if necessary.

Saturday, Nov. 28th, 8:30 A. M. Report of the friends this morning is "no better." We learned, however, that "each time a few minutes after taking the medicine he would seem to be more quiet and comfortable." There was less distension of the abdomen and less coldness of the extremities. The excessive cold sweat continues, requiring frequent change of clothing. No more rigors, but complains of being cold. Had a coughing paroxysm and raised a little thick, heavy, sticky matter, slightly streaked with blood. There is no abatement of the dyspnœa, and the spells of "suspension" are more frequent and more

pronounced, accompanied with a tendency to coma. Patient says, "I know I have hallucinations" but the mind is clear and intelligence unimpaired; talks rationally and answers questions promptly. Carbo veg. 200 continued every two hours.

5 P. M. Has had a natural stool and voided urine frequently this P. M. Abdomen less tympanitic, and there seems to have been less perspiration; there has been no improvement in the character of the respirations, but rather an aggravation; the tendency to suspensions and associated coma is more frequent and continued, while the breathing is yet more stertorous; restlessness. No medicine.

In my experience I have had the good (or ill) fortune to rescue four persons from attempted suicide by laudanum. This case now presented many symptoms observed at those times, and I determined that, there being no change in the meantime, on my evening call to exhibit Opium.

9 P. M. No improvement; but in addition we observed a dark redness of the face, approaching a mahogany color, while the head was almost constantly rolling from side to side, and all other symptoms rather aggravated than otherwise. Opium 35 every hour for three hours, then every two hours.

Sunday, Nov. 29th, 8 A. M. I was met with, "Better this morning; that medicine acted like a charm; but we were obliged to give it every hour, all night."

I was thankful, but not hopeful. Potentized Opium had done nobly. The dark redness of the face was all gone and the head lay quietly on the pillow. The patient greeted me cheerfully, and certainly there was an appearance of general improvement; but the special feature that troubled me most (the dyspnœa) was not changed, though there was not so much of the tendency to coma; nor were the "suspensions" so frequent or long, but the

effort to sustain respiration was really distressing to witness. Opium 35 continued, with directions to give it no oftener than absolutely necessary.

3 P. M. No change; had been comparatively comfortable all day; had given medicine but two or at most three times.

7 P. M. A relative called at my office and reported, "we are very anxious about the doctor, and would like you to call as soon as possible." "He feels that he is dying and wants to see Mr. P., to arrange his business matters," etc., etc. Arriving at the house we could discover nothing indicative of immediate dissolution, the patient remaining about as he had been through the day; save perhaps a little more tympanitic distension. Gave one dose of Cal. carb. 20m. as an inter-current, and continued the Opium 35.

Monday, Nov. 30th, 8 A. M. Patient failing gradually. There is no complaint except of slight colic pains through the immensely distended and tympanitic abdomen. Opium continued, with one dose of Carbo veg. 20m. as intercurrent.

4:30 P. M. Notice for the first time a wavering in the heart's action not an intermission, but as though it would like to, a noticable failing of life functions, indicative of near approaching end.

8 P. M. Gradually sinking; the head is again rolling from side to side; the breathing stertorous when performed at all; the suspensions more frequent, and longer continued, and the coma more profound; the extremities cold, the body kept warm by artificial heat, and lying in a pool of cold sweat.

Cuprum met. 30 every half hour, under which there was quite a reaction. A greater part of the night he seemed to rest as well as he had at any time for a week; would sleep five to ten minutes at a time, quite naturally; at 4 o'clock

A. M. he took his medicine, talked with his son, *asked* and *answered questions, intelligently,* and at 4:45 was dead.

There is but one answer to the question, "of what did he die?"—viz., paralysis of the lungs; but where and what was the cause? the etiology? the pathology?

Could it have been embolism, with no disturbance of inteligence, volition, or impairment of mental faculties, beyond that naturally attendant from the blood not being properly aerated? Nor was there local anæsthesia, or paralyitic tendency of any other organ. Vision and all special senses in no way affected, only occasionally he would hear and remark upon noises that no one else had noticed, which I accounted acuteness of the sense. (Opium.)

We also must discard any disease dependent on inflammation, as at no time, in the history of the case was the temperature even up to the normal standard; 97.5° being the highest, and after the chill and succeeding coldness it continued failing to the end.

We must also discard, strickly speaking, local disease of the lungs; as there was neither pain, cough, expectoration, nor was the breath at any time laden with a suspicion of fetor.

Could it have been the result of a serious throat affection, involving a portion of the pharynx and all of the soft palate, resulting in an extensive destruction of tissue, a sequel of diphtheria, from an attack of which the doctor suffered in 1868-9?

[For many reasons we gladly publish Dr. Fowler's paper; but chiefly because he has had the moral courage to follow Hahnemann's directions, viz; give all the symptoms and remedies prescribed, then publish the failure. By such a course even failures become instructive. We wonder, from the history of eczema, the profuse perspiration and the mental symptoms that Petroleum was overlooked.—ED.]

RECURRING SPASMODIC STRICTURE OF THE COLON.

C. B. GILBERT, M. D., Washington, D. C.

Mr. G.—male, 40 years old, dark hair, brown beard, medium height, thin, of nervous temperament, from hard work and irregular eating in July 1881 became much reduced in strength, and while riding slowly up hill in a horse-car rapidly drank some spring water of ordinary temperature. He was immediately seized with a contraction (apparently) of the stomach—a dull, worrying, depressing feeling, which was like "stomach ache"; a bowl of hot soup about twenty minutes after, brought no relief; no more dinner was desired (at 3 P. M.); about 8 P. M. the feeling quickly shifted to the ascending colon opposite the crest of the ilium and was only relieved by grasping it; the heart beat full and heavy, after going to bed at 9 o'clock, as though all the blood was being forced into the head with a pump; there was drowsiness through the night but no sleep; feeling of fever but no thirst; thumping subsided in the morning and the pulse became weak; the aching head given place to soreness; no desire for food but hot milk and water were very agreeable. He received Nux vom. 200 about 10 A. M. without any apparent relief; at intervals a relaxing of the stricture could be felt and a little wind would get through; toward evening having satisfied himself that it was contraction of the circular fibres he took a dose of Opium 200 and in ten minutes the stricture quietly and perceptibly relaxed and the sensitiveness on motion disappeared almost entirely. In March, 1882, had a recurrence, but not so badly, when Opium failed—no record of remedy.

In February, 1883, he had an ague chill at 11 A. M. and a threatened one the next day about the same time. In March, 1884, one chill of same character, with constipation —no stool for two days; ten minutes after one dose of Nux vom 200 had an urgent stool free.

In 1884 no attack, but general health not very good.

July 1, 1885. Health has been failing ever since May; stools have been getting lighter and lighter even up to a lemon yellow, and appetite and digestion have not been good; for two or three days has noticed on the closet paper a little brown offensive mucus. Was awakened that morning at six, by pain in transverse colon which induced rubbing; he was soon obliged to go to stool, which was fecal; later (about 8 A. M.) he had another stool consisting of a little fecal matter and about a tablespoonful of yellow, jelly-like, bloody, offensive mucus. The passages were always preceded by pain in the transverse colon; were painless, and were succeeded by a sensation at the anus as of more to come; a sensation as if a good-sized stool would pass would be followed by a small bloody mucus stool with flatulence. At 10 A. M. he took Nux vom 200 repeating it every three hours until 11:30 P. M., when he had the last stool for the night; the stools had recurred every 2½ to 3 hours through the day. Slept from 12 P. M. to 6 A. M. July 2d, when he passed as much bloody mucus as usual, which was the last, (except that for several days there was some mucus on the fecal stools) the bowels moving regularly. At no time was there pain in the seat of stricture, but some tenderness and a stabbing pain across the abdomen on pressure; there would be a feeling frequently as if the bowel was stretched.

At night he left the city for the North; but his progress was very slow, and it was the 11th day before he felt a real appetite, though his surroundings and diet were all that could be desired. On July 15th he returned at night; on the 17th warnings began, and on the 18th he awoke at 6 A. M. with desire for stool but no pain; it was partly fecal with bloody mucus, more tenesmus after, more protruding of the rectum and more flatulence, with a feeling constantly as if more was to follow. Took Aloe 200 by olfaction at 7 and 10 P. M. Next morning usual stool and felt much worse; took Aloe 1000 (Jenichen) every 3 hours till 10

P. M., then one dose of Fincke's 10,000; through the day after 9 A. M. he gained rapidly and next morning awoke well and ate three "square meals" because he was hungry. In spite of the fact that the maximum temperature was below 90° only twice after July 13th and ranged the rest of the time from 90.80° to 90.1° (Gov't Report) up to the 24th, he gained 2½ lbs. (117–119½), while during his vacation of 13 days he gained nothing.

For several weeks the place of stricture was sensitive to peristaltic action, but that has passed away. This would seem to verify case of Dr. Berridge—"Aggravation from hot weather."

Why did Aloe do what Nux failed to do, though it apparently did so? Simply because Nux cannot cure conditions accompanied by loose evacuations. It sometimes does *relieve* tenesmus with frequent small stools; but Aloe was the *simillimum*, and hence cured. Farther—the symptom of "sweat in axillæ smelling like garlic" which annoyed him all summer disappeared promptly. This is not found under Aloe as deseribed, but "strong sweat" is.

But after Aloe had done its work, there followed constipation and an uneasy feeling in the stomach which a dose of Nux 200 removed promptly.

The bane of our Materica Medica is the incorporation of secondary symptoms which are not directly due to the action of the drug upon the system, but are the result of the reaction of the system against the poison. A homœopathic prescription cannot be made on secondary symptoms of a proving, because they are not the symptoms of the drug disease, but of the reactive power of the organism in the direction of health, and hence have no simile in diseased states of the body.

Prof. Hale is right, it seems to me, in so far as he says that the high potencies are indicated by primary symtoms; but the opposite is not necessarily true, and is not true. It is a fact, however, that if you wish to remove symptoms

in the sick that correspond to the secondary symptoms of the drug you must give tangible doses as a rule. Yet there are cases where the drug is so nearly adapted to some condition of the patient that a potency when prescribed for secondary symptoms may palliate for a time by removing some manifestation; but the last state of that man will be worse than the first. The prescription is not according to *similia* but to *contraria;* and therefore palliation.

Then why confuse the Materia Medica in this way? And is it any wonder that students are lost in a maze of symptoms? If we must have both let us have some distinction by which we may recognize them.

VERIFICATIONS.

BENJ. EHRMAN, M. D., Cincinnati, O.

[CONTINUED.]

CASE IX.—*Ferrum.* A stout red faced man, a good liver, had suffered for some time with neuralgia in his lower limbs. He had been treated by hypodermic injections of morphia by an allopath and later by an eclectic, without any real benefit. A patient of mine induced him to send for me. I treated him for a number of days, before I could get a characteristic picture of his case, from which to make a satisfactory prescription, until I found him one forenoon sitting up in his bed, hugging his knees and *changing them continually in all directions*, so that it was distressing to behold him. In answer to my question, why he was doing this? he replied that; "he could not help it, that he could not stand it without this continual changing." Ferrum met.[30], in aqua relieved him in a few hours, and this proved in the future to be a permanent cure.

CASE X.—*Rhus tox.* A lady (one of my regular patien living a few miles from the city, called on me for a prescription for a disordered state of her stomach and bowels from

a drink of ice water, which had persisted for some time, in spite of what she could do. Nearly everything *she ate* soon caused some *griping in bowels, followed by a fecal discharge with eomplete relief.* I put up Rhus tox^{200}, and if this should fail, Arsenicum^{200}, and while in the office put a few pellets of Rhus tox^{200} on her tongue. About a week afterwards, I met her in the street, and in answer to the usual salutation, she said she was perfectly well. I asked her whether she took all the medicine? She answered: She did not take any! Why not? Because the dose you put on my tongue cured me.

CASE XI.—*Veratrum alb.* A coarse built working man came to my office for a prescription for a distressing violent cough, like hooping cough. It seemed to *start from the abdomen*, and was worse when *entering a warm room.* While coughing in my office I observed, that he put his hands on the sides of the abdomen (inguinal region) and on asking, why he did this? he said he had to do it or else the bowels would be *pushed out* (hernia).

I gave him a small vial of Veratrum alb.^{30} in pellets, a dose to be taken every three or four hours, until better. I heard no more of him, until I accidently met him, when I learned, that the medicine made him better in a day, but he concluded to take all he had, and the plus did no harm. He remained well thereafter.

CASE XII.—*Veratrum alb.* A colleague was attending a lady for about a week. She had a miscarriage, and was now for days having fainting spells, so that he was afraid, she might really faint entirely away, and therefore called me in consultation. She was taking Arsenicum and Cinchona (low) every two hours in alternation, and some diluted brandy between the two hours; and a smell of Ammonium carb. whenever she fainted. I observed, that *the slightest movement* of her body induced a fainting spell. I advised the doctor to dispense with all the above treatment, and give one dose of Veratrum^{30} on her tongue, Suc. lac. in aqua

every two hours, and as a reserve, leave Veratrum in aqua, to be given, if she had any more fainting spells. It is hardly necessary to say, that she did not need another dose of Veratrum, and made a good recovery.

CASE XIII.—*Capsicum.* A stout old man, rather *awkward* in his motions complained of having had a very violent cough for the whole winter, and had taken various medicines without benefit. When coughing he felt, as *if his chest would fly to pieces*, and the pains would *shoot to the head, hips and other parts* of his body. It was without expectoration, but with some oppression of the chest. A few doses of *Capsicum*^{200}, followed by placebo cured him in a week.

CASE XIV.—*Colocynth.* I was called one morning to a large business house, where one of the men servants was sick with colic. When I arrived I found the man *rolling on the floor and roaring with pains in bowels.* I was informed that my son had already sent some medicine. I would have prescribed Colocynth, but thinking, that my son could not have sent anything but that remedy, if he was properly informed, I left something else. Fortunately I soon met him and learning that he did not send Colocynth, I advised him to go there and give it at once. He did so, and relieved the patient immediately to the astonishment of the whole house. How will this test of the 30th potency compare with the Milwaukee test?

CASE XV.—*Aconite.* About 25 years ago, my partner had a friend, that was subject to attacks of bilious colic, for which he was treated by two allopaths (near relatives of his) with paregoric, which usually relieved him in three days. One afternoon he sent for my partner, requesting him to come to see and attend him, as the paregoric would not even *relieve* him anymore. My partner complied with this request, and after attending him about four or five hours without benefit, he summoned me. When I arrived the patient was hollowing at the top of his voice, had his

abdomen exposed, and a swelling "like a hot goose-egg" was felt on the left side. Neuralgia and paralysis, or inflammation ending in mortification flashed through my brain like lightning. To the question: What will meet this condition (mentally put to myself) the impression that nothing but Aconite would save this man under the circumstances prevailing. Therefore I put six or eight drops of the green tincture of Aconite in a tumbler half full of water, and gave one spoonful every minute or two; for it is a severe trial to sit by the side of a patient, roaring with pain, without continually doing something for his relief. Well, my impression proved true, for after six or eight doses, the patient ceased roaring, and said, that the pains are leaving, that he felt better, and in about ten minutes he was entirely relieved, and the "hot goose-egg" disappeared as by magic. About six months after this gentleman paid us a visit, and also his bill, and said: "I must also inform you of the gratifying fact, that although I had those attacks every six or eight weeks for years, I have not had a sign of them, since you cured me."

A RARE CASE.

H. A. BARBER, M. D., Nashville, Michigan.

Sometime during the early part of April, 1885, I was called, in consultation, to see Mr. P ——, who at that time had been ill about four weeks, under the treatment of Dr. Young, an intelligent allopathic physician. The following history of the case was given me: The patient was about 60 years of age, a hard working farmer, and at times for quite a number of years, had been troubled with a urinary difficulty for which he had received treatment from a number of different physicians. The diagnosis had always been, enlargement of the prostate gland. When attacked by his last illness the same diagnosis was made by his

physician as had been made by his predecessors. The attending physician found it necessary to use the catheter twice a day to keep the patient comfortable, quite a large quantity of urine being drawn off each time. At one of his visits he found (as he supposed) the bladder considerably distended, but on introducing the catheter was surprised to find no urine. It was upon this occasion that I was called.

On learning the above history of the case I made a careful examination and found, what I too felt sure was, the distended bladder, and was of the opinion the doctor had not succeeded in properly introducing the catheter. Judge of my surprise and disappointment when I had thoroughly introduced the instrument not to find a particle of urine, though the distended bladder was plainly to be *felt* and SEEN. Examination per rectum only found the posterior portion of the "bladder" pressing back upon the rectum. With the consent of the attending physician and at the urgent request of the friends of the patient, I now took charge of the case. The next day a violent and exhaustive diarrhœa set in, the discharges being of an exceedingly offensive odor, very watery and profuse. This continued until the patient's death, which occurred May 25, three weeks after the diarrhœa began. During all the time of his sickness, with the exception of the first ten days, there was no pain or fever, the temperature being normal or a trifle below, and from the time of our first failure to obtain a flow of urine when the catheter was introduced until his death—over three weeks—not a drop of urine passed him through the natural channel.

An autopsy was easily obtained, which revealed the following conditions: A large abscess or pus cavity was found located between the bladder and rectum and lying in contact with both these organs. A fistulous opening had formed through the bladder through which the urine had passed into this pus cavity, another opening had formed through the intestine into the rectum thus forming a pas-

sage from the bladder through the abscess into the rectum, through which the urine had escaped into the bowel and passed off with the passed fæcal matter in the form of the diarrhœic discharges, I have before mentioned. The supposed distended bladder was undoubtedly the abscess into which the bladder had emptied itself and before perforation into the rectum had taken place.

The query in this case is, could the patient's life have been saved had the presence of this absces been known at an earlier stage of the disease?

I will state in conclusion that there were no symptoms in the case at any time during the progress of the disease, that would lead one to suspect the formation or presence of a pus cavity in that locality.

GYNÆCOLOGICAL.

HYSTERECTOMY: THE PRESENT STATUS OF THE OPERATION OF EXTIRPATION OF THE UTERUS FOR MALIGNANT DISEASE.

H. C. COE. M. D., New York.

In approaching this debatable ground the writer would disclaim at the outset the ambition of adding anything new to the already extensive literature of the subject. It is his intention to examine it in an impartial manner, with the view of gathering up the various floating opinions with regard to it, and of deducing from them a concise summary. It is desirable that an operation which has been regarded with favor by many general surgeons should not be viewed entirely from the standpoint of the gynæcologist. It may be safely assumed that in a question both sides of which have been argued so ably and convincingly there is some middle ground which may be taken without doing violence to either facts or theories. While it is impossible to pre-

sent a complete series of statistics up to date, a sufficient number of operations have been carefully recorded, at least by foreign surgeons, to allow of certain positive deductions.

The surgical reader may be spared all unnecessary details concerning the pathology and course of malignant disease of the uterus, the objects aimed at in the operation and the *technique* of the same. The only point to be decided is how far that object is attained, and, therefore, how far the measure is a justifiable one.

In referring to extirpation of the uterus it is intended to include complete removal of the organ, either by laparotomy or through the vagina.

In reviewing the current opinions on this important subject, the writer has been convinced that the best way of arriving at a clear idea of the tendency of modern gynæcology is not to collect reports of isolated cases or to review elaborate statistics, which at the best are misleading, but to study the society proceedings, since these represent the decided and unbiased opinions of the most distinguished surgeons. The proceedings of such bodies as the American Gynæcological and London Obstetrical Societies, the Acadèmie de Mèdicine and the societies of Germany and Italy, not to speak of the discussions of the late International Congress, will afford a clearer view of the subject than can be gained in any other way. There is no readier method of gathering up the invaluable results of the world's thought and, by generalizing from these, of arriving at some definite opinion. Pursuing this principle we shall make but few allusions, except in a general way, to this voluminous bibliography. For exhaustive references we refer to Hegar and Kaltenback, Am. Jour. of Obstetrics (Munde's and Jackson's articles). An article by Currier (N. Y. Med. Jour., Vol. 31, 1881) gives a good idea of the history of the subject and its status up to 1881. The modern text-books on gynæcology, especially Martin in German, abound in valuable references and statistics.

Reference to the Index Medicus and to current literature will furnish numerous reports of isolated cases of hysterectomy, many of which contain important references. To mention these is sufficient; but as our study is to make a generalization and not to dwell upon details that are already familiar, we shall have little to do with isolated cases.

Freund's operation may be dismissed in a few words. There is very little difference of opinion at the present time with regard to the advisability of this procedure. Two years ago its scope was considered as very limited, and now few surgeons would think of performing it, except in those rare cases of sarcoma or carcinoma, where the disease is strictly confined to the corpus uteri.[1] In this country Freund's operation is now as rare as resection of the pylorus—and quite as fatal in its results.

Vaginal extirpation of the uterus is an operation of considerable antiquity,[2] and the fact that nearly three hundred cases are on record, with a mortality of less than 28%,[3] raises it above the level of a surgical experiment. There must be something in it, or it would not have so many enthusiastic advocates. The fact that the operation meets with general favor in Germany is quite natural. German surgeons have revived and perfected it, have made decided improvements in the *technique*, and moreover, have had a sufficient number of cases to acquire skill in its performance. No single French, English or American physician can refer to a series of cases sufficiently large to justify him in generalizing from the results of his own experience. Under the circumstances, the best that we can do is to collect the opin-

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[1] For a concise summary of the current views on Freund's operation, the reader may refer to a short article by Prof. W. M. Polk, in the *New York Med. Journal*, August 25, 1883.

[2] See *Annals de Gynæcologie et d' Obstetrique*, Sept., 1885.

[3] See an article by Dr. N. B. Carson in the St. Louis *Courier of Medicine* for 1885. This is the most recent contribution on the subject.

ions of the many as well as the results of the few. Schroeder's views are generally known;[1] he has not altered them since they were first expressed before the British Medical Association. The opinions of his contemporaries may be found in the proceedings of the "Naturforscherversammlung,"[2] where such men as Olshausen, Martin, Sänger and Veit declare themselves in favor of it, in spite of the unfavorable statistics which they present.

The French are more cautious in their adoption of the operation. Perhaps its German origin may account for this hesitation. At a discussion before the Paris Academy of Surgery last year most of the surgeons present concurred with Verneuil and Polaillon in saying that vaginal hysterectomy would be a good operation if it was less dangerous, and that it would be less dangerous as surgery improved. It was, according to the opinion of the meeting, "the operation for the future;" with the present rate of mortality no surgeon could conscientiously resort to it. In Italy their results have not inspired surgeons with much enthusiasm. Out of twenty cases reported by Novaro,[3] ten died from the direct effects of the operation, and in eight there was an early recurrence of the disease. An English editor, commenting on these statistics, adds that "they bear out Koeberle's dictum that those who recover have no cancer and do not need the operation—those who have cancer do not recover." English gynæcologists are almost unanimous in their condemnation of the operation, preferring, with a few exceptions, the method of supra-vaginal excision. The opposition to Schroeder's views expressed by Mr. Thornton at the meeting of the British Medical association in 1883 is still endorsed by his countrymen.[4]

The views of American surgeons are fairly represented

[1] *Brit. Med. Jour.*, Vol. II. 1883. p. 519.

[2] *Archiv. fur Gyn.* Bd. XX. Hft. 2.

[3] *Ann. di Obstetricia, Gynecologia et Pediatria.* Oct., 1884.

[4] See *Brit. Med. Jour.*, Vol. II, 1883, *loc. cit.*

by Dr. A. Reeves Jackson[1] and Dr. P. F. Munde,[2] whose controversy on this question has done not a little to awaken a general interest in it among the profession. Their papers, together with a more recent one by Jackson, are judiciously summarized by Grandin,[3] who decides, after a review of all the evidence now published, that there is a "justifiable field for the operation, however narrow."

The latest contribution on the subject from an American surgeon is the report of a successful case by Dr. Carson, of St. Louis,[4] to which is appended a concise statement of the current views regarding the justifiability of the operation, and his own opinions as to its limits. Since these represent the views of the majority of gynæcologists, both American and foreign, we shall be pardoned for quoting them.

"I am led," he writes, "to conclude, from a careful study of the subject, that the operation is justifiable in the following cases, if the patient desires it after all the dangers have been fully explained, as also the possibilities of imperfect removal and almost immediate return of the disease:

"First, when the disease invades the body of the organ and it is freely movable, and no signs of the disease can be detected in the surrounding tissue.

"Second, in cases of cancer of the cervix, extending up so as to render the removal by less radical means impossible.

"Third, when the body is not too large to be removed through the vagina.

"Fourth, when the vagina is sufficiently large to admit of the proper manipulation.

"Fifth, when there exists no constitutional disease, as tubercle, Bright's disease, etc.

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[1] Trans. Am. Gyn. Soc., Vol. VIII, 1883.

[2] Id., Vol. IX, 1884.

[3] Review of Trans. of Am. Gyn. Soc. for 1884, in *Am. Jour. of Obstetrics*, July, 1885.

[4] St. Louis *Courier of Medicine*, October, 1885.

"Sixth, it should not be undertaken, except for malignant disease, and when the diseased tissue can not be fully eradicated by other and less radical means."

Now, a review of these limitations, as they are thus candidly stated, will make it evident that the scope of the operation, even as granted by its supporters, is small, and that certain of these obstacles are inseparable, even with the advance in technical skill which Dr. Mundè prophesies. But, granting that the operation is not extraordinarily difficult in skilled hands, still is there any reason for performing it? Dr. Jackson replies strongly in the negative, and he represents a formidable opposition party, which includes some of the foremost gynæcologists in England. His objections are briefly as follows: 1. The early diagnosis of cancer is doubtful, or impossible. 2. The operation is very dangerous. 3. It does not cure, and relieves suffering only by terminating the patient's life. This has been stated in a more accurate and less dogmatic way by others. The anatomical argument is hardest to overcome, since it rests upon a basis of actual observation. The best diagnosticians have been very often mistaken in their judgment as to the strict limitation of the disease to the uterus. Even Schroeder, with his wide experience and careful methods of examination, records several cases in which he had erred regarding the condition of the peri-uterine tissues. The grosser results of the extention of the disease, fixation of the uterus, enlargement of lymphatic glands, etc., could not escape a gynæcologist of ordinary skill, but the enormous lymphatic supply of the pelvis is such that the disease might be widely disseminated before any suspicion of the fact was awakened.

As regards a radical cure by vaginal hysterectomy, Dr. Munde has certainly shown most conclusively that "39.2 per cent. of the cases in which the operation was performed at a sufficiently early period to permit the incisions to be carried through still healthy parametrium, remained free

from recurrence two years after the operation." "As compared," he adds, "with the results reported by Pawlik, of 25 per cent. after removal of the cancerous cervix only, and of Schroeder of 21.8 per cent., after different methods of operation, this percentage can certainly not be considered unfavorable." But, in spite of this specious argument, the fact remains that the operation is a *palliative* measure, and the question still recurs, is it wise to take such risks in order to secure temporary alleviation? It is in vain to bring forward statistics, even if they are supported by such an able writer as Dr. Mundè. A certain number of surgeons in every country are still conservative (or merciful?) enough to shrink from the radical measure, preferring the milder course of supra-vaginal excision. The latter alternative is the one which has been recommended by most of the English specialists and by not a few of the American. In New York vaginal hysterectomy is not in special favor among gynæcologists, judging by the opinions of the Fellows of the Obstetrical Society. To tell the truth, the general surgeons have been more successful with the operation (just as they have no mean record in ovariotomy), in spite of the criticism of Mr. Tait that the anxiety of our general surgeons to meddle with the pelvic organs is productive of harm. Dr. Thomas, who certainly performs more operations than any other American gynæcologist, after giving hysterectomy a fair trial, has abandoned it in favor of supra-vaginal excision. He practices a modification of Schroeder's operation, and thus far with success as regards both safety and permanent relief to the patient.

I am unable to give his exact statistics, but I know that he has had no deaths (in nearly twenty operations) and a very small percentage of recurrence. The operation as performed by him is often practically an extirpation, since he removes the diseased tissues so thoroughly that barely the shell, as it were, of the uterine body remains.

Dr. Munde's statistics regarding the direct mortality from

the operation are highly encouraging. He rightly says: "Except in the hands of specially dextrous or fortunate operators, ovariotomy, even at the present day, presents quite a mortality rate, when all the operations by different operators, skilled and novices, are included." There is a good deal of truth in this statement, however positive it may be, at least as regards American statistics. Laparo-hysterectomy for uterine fibroids carries with it a heavy mortality in this country, yet it is universally supported. It may be justly said of this formidable operation as Dr. Jackson says of vaginal hysterectomy, that in performing it "we stake what we do not own—the life of a patient—against the heaviest odds." Lumbar colotomy for cancerous strictures, is purely a paliative measure, 10 per cent. of the patients die from the effects of the operation,[1] and the disease is in no wise checked. Yet this operation needs no defenders; in fact it finds its warmest adherents among the most conservative English surgeons —the same ones who condemn so unhesitatingly the removal of the cancerous uterus.

From this hasty review of the subject, in which the writer has refrained from expressing opinions which have already been so much better stated than he could give them, it is evident that it is still in a very unsettled condition. It will be at once apparent to the thoughtful reader that on the side of the operation is arrayed the younger and more progressive element, while in general the older and more conservative surgeons head the opposition. Moreover, those who condemn the operation do so in unmeasured terms, for them there is no middle ground. The carefully guarded statements of Dr. Munde, representing fairly the views of the other side, are not the expressions of reckless surgery. Men are not performing operations for the mere sake of doing them, and it is unjust to con-

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[1]Keetley—Index of Surgery.

found boldness, tempered by conscience, with recklessness.

It is not possible to decide this question at present. It can only be said, from the evidence now before us, that vaginal hysterectomy has not been cried down, in spite of the bitter attacks which have been made upon it. It remains to be seen whether, "when properly restricted," it is to have a "brilliant and permanent future."

The writer's experience with the operation has been limited to the observations of four Freund's operations and three cases of vaginal extirpation. Two of the former could not be completed, and *all* resulted fatally, although they were performed by experienced operators. In four of the cases, in which the writer made a careful examination of the specimens the disease was found to be strictly *limited to the cervix*, so that supra-viginal excision would have answered every indication. Moreover, there were no evidences of parametritic deposits. And yet the operators were accomplished diagnosticians! One case was interesting because it proved the treacherous nature of sarcoma. The lymphatics and pelvic tissues were absolutely intact, while the mucous membrane of the small intestine was studded with metastatic deposits. And yet some writers affirm that sarcoma of the uterus is the indication for vaginal extirpation!

Certainly the scope of the operation is a limited one. None but the experienced have any right to attempt it, for, to tell the truth, it is the reporters of isolated cases (most of them fatal) who have done the most to discredit it. We are sure that we only reflect the opinion of fair-minded men when we say that if vaginal hysterectomy is to obtain a foot-hold, it must become for a time a little less fashionable. Let it be confined to a few skillful, conscientious surgeons and then we shall be able to arrive at something like a fair estimate of its value. It is not an operation for the general practitioner. There should be a division of labor in this department, as well as in that of abdominal surgery.—*Annals of Surgery.* C*

SOCIETY PROCEEDINGS.

CHICAGO ACADEMY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

The regular monthly meeting was held November 5 in Grand Pacific. President Grosvenor called the meeting to order, and, in the absence of the regular essayist, asked Dr. Sanders for a report.

Dr. Sanders. I will relate a case of "Prairie Itch" that came under my care last autumn, although it terminated fatally. The child, about fifteen months old, was taken in May or June to Wisconsin, weaned there, and during the summer the eruption appeared. When brought home, in October, the entire body was covered with abrasions. Dentition had just commenced, and there were offensive discharges from the ears, eyes, nose, mouth, and anus, as well as some glandular swellings. Consultation was held, but we could do nothing. For treatment Rhus tox and Sulphur were given internally, and Hepar sul. cal. (crude) triturated to a fine powder and mixed with lard was applied on the skin. Soon the entire appearance was changed, and the skin assumed a better color; the disease gradually disappeared. About ten days before the skin disease ceased, symptoms resembling pneumonia set in, but without cough or expectoration. Saw the child the day before it died and gave the mother encouragement, it being her only child. Have seen many cases of this character, but never any one like this, and simply give this item for the criticism of the Society.

Dr. Grosvernor. Was death, in your opinion, due to scabies, or pneumonia?

Dr. Sanders There was a latent something in the child that developed into the semblance of pneumonia. Possibly septicæmia—septic matter having found its way into the lungs—presenting symptoms of pneumonia. Death was undoubtedly due to the absorption of poison from the eruption.

Dr. Bascom. (Ottawa, Ill.) My experience with the local application of Hepar sulph. has been limited. A case was brought to Ottawa from Kansas, by a German, and a number of typical cases in the neighborhood resulted. Used Sulphur and Rhus tox internally, but found nothing so effective in preventing the spread of the disease as a local application of a mild solution of Sulphate of Copper.

Dr. Rush. Was very much interested in this case, but would suspect a scrofulous or tubercular diathesis in the child, under which it succumbed.

Dr. Sanders. The child was no doubt born with a scrofulous diathesis; the mother plainly showed it, for her milk was as blue as it could possibly be. There was no nutrition in it.

Dr. Grosvenor. Do you triturate the Hepar Sulphur dry, then add lard, or make the trituration in lard?

Dr. Sanders. The crystals are ground in a mortar into a fine powder until there is no greasy substance in it. I then mix with the lard, as it is more easily applied.

Chicago, November, 1885. H. C.

[COMMENTS.—When Dr. Sanders said, in reply to Dr. Grosvernor, that "death was undoubtedly due to the absorption of poison from the eruption," he expressed only a part of the fact. He should have added that it was clearly a case of metastasis caused by suppression of the skin affection by the local application of crude Hepar sulph. The treatment certainly was everything but homœopathic. What else would a regular (?) purist do than try to suppress the eruption in the shortest possible time, irrespective of consequences. And yet this is done in the name of Homœopathy, and by a professed follower of Hahnemann. The doctor treated his diagnosis; and, judging by the description given, it is extremely doubtful if he had a case of "Prairie Itch" to treat. Had he carefully studied Hahnemann's *Chronic Diseases*, he would have prescribed for the little patient with much more care, omitted the Hepar

as a local application, and no doubt have cured the case. Dr. Bascom "had no experience with the local application of Hepar," but was well posted in the use of Sulphate of Zinc as a local remedy in the treatment of "Prairie Itch," and some fine morning he may awake to find the skin "clearing up" and a fatal case of lung or brain affection "resembling pneumonia" or hydrocephalus taking its place. Better, far better, "stick to our text," study the Organon, the Chronic Diseases, the Materia Medica and cure our patients, than to disgrace our school by such empirical practice and such deplorable results. The doctor would no doubt be offended, and with reason, too, if a friend would suggest that he can find no warrant in the application of the law of similia for the topical treatment of skin diseases.—ED.]

THE WESTERN MASSACHUSETTS.

The Western Massachusetts Homœopathic Medical Society held a lively meeting at Cooley's Hotel. The topics were assigned to the Bureaus of Surgery and Zymotic Diseases. President Rand, of Monson, was in the chair. Dr. Macfarland, of this city pleaded continued ill-health as an excuse for withdrawing from active membership in the Society. His name was therefore dropped from the roll and placed in the list of honorary members. Dr. O.W. Robers, Chairman of the Bureau of Surgery, urged members to be free in discussing the papers presented, and the result was that every one present had something to say. The meeting was voted one of best ever held. Dr. C. A. Beldin, formerly of this city, and now of Jamaica, N. Y., was present as a guest. Dr. P. A. Sawtelle presented his paper on scarlet fever. Dr. C. W. Stratton talked without notes on prophylactic or preventative medicine in typhoid fever and malaria, and Drs. Chamberlin, Forbes, Harding, Barton, Spencer and others followed. Dr. O. S. Roberts presented a patient suffering from hydrothorax produced by

a header from a bicycle, and Dr. J. M. Barton gave a paper on the eye, explaining refraction. Dr. A. M. Cushing presented several cases of surgery where he had been particularly fortunate, and discussed the dislocation of the metacarpo-phalangeal joint of the thumb. He has discovered a remarkably simple method of reducing this rare dislocation. That it has not been considered an easy matter is seen by eminent authorities. Sir Astley Cooper says: Bleed, give nauseating medicines or sweat the patient, to relax the muscles, then with the "clove-hitch," a kind that will not slip, apply a stout tape to the thumb and make traction. He says it is difficult to reduce and sometimes cannot be done. Drs. Gross, Hamilton, Helmuth, Hill, Hunt, Robert Liston and Thomas Miller all recommend the clove-hitch extension; some refer to cases that could not be reduced and some advise the subcutaneous excision of the ligaments of the joint, although that ruins the joint. The doctor's method sets the joint by pressure without anæsthetics, or, as he puts it, "before the patient can yell." He says he obtained the idea from Professor Dixi Crosby, of Dartmouth Medical College, years ago.—*Daily Paper.*

EDITORIAL.

THE OUTCOME.—A correspondent writes to ask what we think will be the outcome of the movement that is being engineered by Hughes, Dake *et al.* He is, evidently, discouraged. He fears that Homœopathy is a house divided against itself, and that, when the few remaining of the "Old Guard," have died it will fall. He urges with much force of truth that our ranks are not being recruited by homœopaths, because Homœopathy is not being taught in our colleges. He points to the altered tone of our journals, and alludes to the demise of our two quarterlies. He notes the stress now laid upon pathology and diagnosis, and the accompanying therapeutic imbecility. He declares that our

young men in cultivating the science are neglecting the art. He avows that our Materia Medica is being neglected because certain influences in our school are exercised to bring it under suspicion and therefore into contempt. He concludes his letter by declaring that our American Institute of Homœopathy is homœopathic only in name, and that its present course is subversive of Homœopathy.

If our correspondent will examine "the outcome of the movement that is being engineered by Hughes, Dake *et al*," as shown in the two numbers of the *Cyclopœdia* that is being wet-nursed by them, he will see that this 'movement' has in it the elements for its own destruction. These editors lack either the honesty or the capability to carry out their own canons. Let him read the day books of *Argentum nitricum*, as given by these worthies, and he will find that Dr. J. O. Müller's provings with the 30th potency are ignored. These very provings are corroborated by the physiological action of the lower and lowest preparations of the same drug, and should, therefore, have been included in the *Cyclopœdia*. But such an inclusion would have been a refutal of those "scientific" teachings which declare that there is none of the drug in the 24th centesimal dilution. Were the provings with the 30th potency rejected on that account? If the editors cannot see that these provings are corroborated by those made with their favorite dilutions, then they are demonstrably unfit for editors. If they can discover this corroboration, what then? For ignorance or for dishonesty there is but one "outcome," and *that* was ordained before the foundations of the earth were laid. "Hughes, Dake *et al*," can only add another "outcome" to the many that have preceeded such endeavors as theirs. Our correspondent can calmly allow them to "go their gait" and with half an eye can confidently predict their *whither*.

Homœopathy to-day is no more "a house divided against itself" than it was in its early days. Many then refused

to accept the whole of Hahnemann's teachings. Of all his tenets but one was uniformly acknowledged, namely, the law of similars.

The division that exists to-day is a reaction, according to fixed law, from the "dynamization" carried to a *reductio ad absurdum* by extreme attenuationists. All such observations finally adjust themselves, and in the processes of adjustment one extreme always equalizes the other. The dynamists had their day; let the materialists have theirs: in the end we shall find that the whole truth was with neither of them, and the truth is what we want.

That our students are not taught Homœopathy in our colleges is undeniably true, and the more shame to the colleges. Either take down the name of Homœopathy, or teach the teachings of Homœopathy. What are you doing with the *name* if you are not the *thing*? Using it as a trade mark, as a decoy, as a lie? That is exactly, and only, what it means if you use the name and withhold the teachings. And, gentlemen Professors, you are not to mistake; it is not what *you* think Homœopathy to be, but what Hahnemann said Homœopathy is that you are to teach. State Hahnemann's teachings fully and fairly *first*, then, if you have time, ventilate your own peculiar views. But, let the student think for himself, yea, teach him to think for himself.

In a truly homœopathic college Hahnemann's *Organon* will be lectured upon by the ablest man of its faculty. *In which college is it so lectured upon to-day?* A little louder, please, we didn't catch the name. 'You don't exactly know the name?' Neither do we. Isn't it a trifle foolish to expect homœopaths for graduates when Homœopathy is not taught?

The altered tone of our journals is very apparent. For several years the favorite key has been *b* flat. The older writers are palsied by age or silenced by death; the younger have never been taught Homœopathy and, of course, cannot write its *lingua*. Compare, if you please, the *American*

Homœopathic Review of twenty-five years ago with any so-called homœopathic journal of to-day, and you shall say whether we have gained or lost.

We have, indeed, approximated the high 'science' of the older school; but, having told our patient exactly what is the matter with him, and precisely how his tissues and organs have changed, we consider our duty done and deem him an ill bred fellow if, having had so much actual 'science' from us, he expects anything more. Why in the name of Science can't he bow his head and die quietly?

Young graduate, make a note of the fact that your patient wants the *art* of Medicine; keep your 'science' for the journals, and the State Society, and the American Institute. There it will be amusing if not instructive; at all events, there it will not approach the bedside to mock a dying man.

That our Materia Medica is being neglected is evidenced by the treatment reported in our journals, for that evinces but a meagre acquaintance with the homœopathic Materia Medica. The completest English translation of that Materia Medica—Allen's *Encyclopœdia*—has been assailed (and most justly) for its inaccuracies. These could have been rectified, and for that work no one is fitter than Dr. Richard Hughes; but, alas! a correct translation is not desired, and therefore is not. But, beside these inaccuracies of translation, the Encyclopœdia has been brought "under suspicion and into contempt" because it contains provings made with potencies that our homœopathic diapered 'scientists' (the things that have so thoroughly frightened Prof. T. F. Allen) repudiate.

Who can blame a young graduate for his suspicion and contempt when the efforts of the aforesaid diapered 'scientists' have so completely demoralized a quarter-of-a-century-practitioner like Prof. T. F. Allen. In the words of old Chaucer—"the well of English undefiled"—wouldn't it be a wonder "To see a dirty shepherd and clene shepe?"

That the American Institute of Homœopathy is hom-

œopathic only in name goes without saying with all who are cognizant of the animus of the ruling spirits of that body. The Jupiter Tonans (or the Jerimy Diddler, as you may rate him) of that body is reported to find some of his thunderbolts in "Warner's Sugar-Coated Pills;" he has, at least, the merit of standing by his friends when he damns the dilutions.

That the present course of the American Institute of Homœopathy is subversive of Homœopathy is apparent in the address of its last president. A more abject grovelling on the belly to a majority was never seen. A more self-stultifying surrender of one's own senses was never beheld. A man, a physician, a professor of Materia Medica virtually acknowledging that for nearly twenty-five years he has been deceiving himself and his patients by his use of the 200th potency.

In his presidential address, and his letter to Dr. Peck, can be seen the most pitiful evidence that the influence of the American Institute of *Homœopathy* (?) is subversive of Homœopathy. But this peculiar spectacle of to-day is by no means so unusual or so portentous as would at first sight appear.

If our correspondent will review history he will find that all mental movements characteristic of the spirit of the age reach medicine last. The prevailing mental attitude of to-day is one of doubt and disbelief, and its influence is moulding the medical mind as the last subject of its operations. The pendulum has reached the end of the arc in this direction, and the return oscillation will carry it just as far in the other—into a clearer, firmer and more fervent faith. The first sign of such a return is the expression of a need for it—and doubt and disbelief can only famish the soul, so that such a need comes to be expressed as a hunger-cry. Such a sign has recently appeared and in the right direction. Late in 1884 was published *The Destiny of Man Viewed in the Light of His Origin*, and before the close of

1885 the eighth edition was issued. Protoplasm and evolution had forgotten "the *destiny* of man;" "a blind process, known as Natural Selection, is the deity that slumbers not nor sleeps. Reckless of good and evil, it brings forth at once the mother's tender love for her infant and the horrible teeth of the ravening shark, and to its creative indifference the one is as good as the other." At the sight of such a spectre the soul bethought itself of its inheritance, and when one wrote on "The Destiny of Man," behold, eight editions in as many months are the impressive sign of a yearning for deliverance from doubt and disbelief. Not in unbelief can the soul find its *plenum*, not when it is famishing for the bread of life can it be fed with a stone, and this hunger just now denotes a deliverance from the delirium of disbelief and a return to health.

"There is not a problem in the simplest and most exact departments of science which does not speedily lead us to a transcendental problem that we can neither solve nor elude," and just such a transcendental problem is that of the ultimate structure of matter. *Our* 'scientists,' as Prof. Allen calls them, are alarmingly "at ease in Zion" concerning this mystery, and hence their repudiation of Hahnemann's dynamic philosophy. They do not perceive, or else they will not acknowledge, the obstacles that their materialism cannot surmount. Let us force upon their consideration the following:

"Supposing matter to have been reduced to a single, pure, homogeneous physical element, we have still to explain the fact that, in all the phenomena of the universe, matter is always combined with force. It is not dead matter with which we deal, but matter organized, and undergoing incessant and universal transmutations.

"The question at once arises, is matter the cause of force, or is force the cause of matter? Unless one of these questions be answered in the affirmative, we have two original principles in the universe instead of one, and thus, at the

first step, sacrifice that principle of unity on which scientific materialism so much prides itself. For evidently if force and matter be conceived of as not related as cause and effect, but as inseparable and coördinate, we have two eternal principles instead of one, and the boasted monism of materialism is merged in dualism. The perplexity of the problem is not lessened, but increased. If, on the other hand, force be conceived as the cause of matter, we preserve unity, but we destroy materialism. For we trace the existence of matter to an immaterial source; it becomes at once secondary and dependent. If reason pursues its search for unity it cannot stop with physical force, for a universe of physical force would be simply an aggregate of forces. Behind the multiplicity of natural forces there must preside some single, original, and indivisible power. But when we have reached this conclusion, we are on the threshold of the great truth that the universe had its origin in mind."

In the reaction that is sure to come the dynamic philosophy is as sure to prevail, and Prof. T. F. Allen will wonder why he sold his birthright so very cheap.

Meanwhile it behooves Homœopathic colleges that are not homœopathic to do their simple duty; to teach Homœopathy as Hahnemann taught it; to state all its truths fairly and fully; to not prejudice the student's mind or warp his judgment; to leave him free to weigh, test, and conclude for himself; thus doing both our school and humanity will be blessed in the outcome.

THE MEDICAL ADVANCE returns its sincere thanks to both readers and contributors for their generous support and hearty encouragements during 1885. For 1886 it will contain not less than 96 pages per month—nearly 1200 per year—largely of a practical character, devoted to the wants of the busy practitioner. Its pages will be graced by a series of articles from the pens of some of the ablest

writers in our school both in this country and Europe. Gynæcology will have a special department under the editorial management of Dr. Porter and his collaborators, but will not be paged or bound as a separate journal this year.

NEW PUBLICATIONS.

THE JANUARY CENTURY. In the war series we have General John Pope's pungent and personal description of "The Second Battle of Bull Run," which in its fighting, its depressing results, and its controversies was one of the most remarkable events of the war. Few of the war articles have been so fully illustrated with map and pictures; and the "Recollections of a Private," describing "Two Days of the Second Battle of Bull Run," is replete with incident and attractively illustrated.

THE MAGAZINE OF AMERICAN HISTORY for January contains three notable articles in the Civil War Series, of which "The Operations before Fort Donaldson," by the distinguished critic, General "Baldy" Smith, will furnish abundant food for fresh thought. General Smith is a consciencious historian, and he gives a clear and truthful view of that much misunderstood campaign.

NORTH AMERICAN REVIEW. General Beauregard gives a history of the Shiloh Campaign in the January number of the North American Review. He claims that Gen. Algernon Sydney Johnson acted only as a corps commander at Shiloh. Gen. Beauregard emphatically asserts (contrary to the common belief) that he was the sole commander on both days, and without naming them, controverts the reports of Grant and Sherman as to the nation's forces being taken by surprise.

MILK ANALYSIS AND INFANT FEEDING. By N. V. Meigs, M. D., Philadelphia. Pp. 102; cloth $1.00.

Much of the matter contained in this work has already appeared in the transactions of the Medical Societies, the "Phila county" and the "College of Physicians of Phila." Nevertheless there is much here worthy of verification, as upon its correctness the value of artificial infant feeding largely depends. The author claims that human milk contains a much less percentage of casein than is generally supposed, and his analyses appear to sustain the claim. It is printed in Blakison's best style.

TOKOLOGY: A BOOK FOR EVERY WOMAN. By Alice B. Stockham, M. D. Chicago: Sanitary Publishing Co.

This is a popular treatise on pregnancy and parturition, written in a pleasing style, designed for the masses. The author makes some practical points which even a professional might read with advantage, when she says: "Instruments will rarely be called in use if women learn the laws of life and obey them": "Women have it in their power to produce such healthful conditions that obstetrical instruments shall be known only in tradition"; or this gentle rebuke, "Remember the physician has selfish temptations for instrumental interference. It entitles him to an extra fee, etc." Every woman, young or old, may learn something by its careful perusal.

PHYSIOLOGICAL CRUELTY: AN ENQUIRY INTO THE VIVISECTION QUESTION. New York: John Wiley and Sons. Pp. 156. 8 vo.

This work is a defense of the necessity of experiments on living animals in the prosecution of scientific and medical investigation. It is intended for both professional and unprofessional readers and discusses the subject under the following chapters: "What is Pain;" "What is Cruelty;" "Our rights over Animals;" "What is Vivisection;" "The Relation of Experiment to Physiology" and "The Relation of Medicine to Experiment." In the appendix we have: "Popular Fallacies about Experiment;" "Amount of Suffering Inflicted;" "Necessity of Experimental Research, for the Welfare of Man and the Lower Animals," and "The Fundamental Discoveries due to Experiment upon Living Animals," to which is added the evidence before and the legislation recommended by the Royal Commission in Great Britain. Those interested in this question will find much of interest in this volume worthy of perusal.

THE BIOCHEMICAL TREATMENT. By Dr. Med. Schüssler, O'denburg, Germany. Twelfth edition. Translated and a repertory added by J. T. O'Conner, M. D 12mo, 94pp. Cloth 90 cents. Philadelphia: F. E. Boericke, Hahnemann Publishing House, 1885.

It has long been known that Dr. Schüssler is an ardent advocate of the theory of treating all diseases with his "tissue remedies", and that his little book has reached the 12th edition is some evidence that many have read what he has to say of the theory. It ought to please many in our school, as it is essentially a short-cut to the application of remedies, and that is what we are after. So far as these remedies have been proved, they are, like all the remedies in the Materia Medica, *invaluable when indicated*, but not otherwise. Here is a fair sample of the science part of it: In croup, "at

first Fer. phos. and Kali mur, are to be used in alternation. If these remedies do not suffice give Cal. phos. and Cal flour, in alter-tion" without any reference to the characteristics of the child or the disease. Dr. O'Conner has improved the work by adding a good repertory.

EDITOR'S TABLE.

MARRIED.—F. J. Boutin, M. D., and Miss Edith Clark, of Maysville, Iowa, were married Nov. 26th, 1885.

THE CENTRAL MICHIGAN SOCIETY meets at the Hibbard House, Jackson, Tuesday, Jan. 19th 1886, and a full attendance is urgently requested.

G H. T. JOHNSON, M. D., of Atchison, Kansas, has established an Electro-therapeutic Institute, with Dr. Farrington as partner. We wish the firm success.

DR. C. B. PILLSBURY removes from Ypsilanti Mich., to Geneseo, Ill., and enters into partnership with Dr. H. H. Chase. A married man of some experience will find Ypsilanti a good field for practice and a delightful residence.

DIED.—It is with extreme regret that we announce the death of Ada Miller, wife of Chas. B. Pillsbury, M. D., who died at Ypsilanti, Mich., Oct. 21, aged 33 years. The remains were taken to Geneseo, Ill., her native place, for interment.

CALIFORNIA has placed the "Home for Feeble-Minded Children" and "The Institute for the Deaf, Dumb and Blind" under the medical care of homœopathic physicians, the former under Dr. W. H. Loomis, of Santa Clara, and the latter under Dr. I. E. Nicholson, of Oakland.

WELL DONE! "LITTLE RHODY."—Our plucky hard-working *confreres* of Rhode Island have secured the land and building for a homœopathic hospital in Providence. Another milestone for which every homœopathist will be truly thankful and by which we may mark our onward progress. We congratulate them.

AD HOMINEM. The following dialogue is reported by Puck. *First Doctor.*—Well, I am sorry to see you in this shape, Doc. Who is prescribing for you by the way? *Second Doctor.*—Nobody. Doing it myself. *First Doctor.*—Great Scot! don't. You are committing suicide. Prescribing for yourself, and taking your own medicine.

THE KLEPTOCOCCUS. The baccillus of Kleptomania is the last discovery in the pathological world. The microbe was taken from the brain of a magpie afflicted with the disease, and the culture fluid prepared from beet juice. Its usual form is that of a

hook (?) and appears to be readily propagated. Like many of its kind it unfortunately appears to have been a boomerang for its discoverer. It happened thus: "A quantity of beet-juice, in which a cultivation was far advanced, was spilled on the floor of the laboratory. Three days after the professor missed his pocket-book, watch and other articles of value; and several houses in the place had been visited and valuables taken, and the professor's assistant, a man of the highest respectability, was also missing. The professor thinks he must have inhaled some of the dust of the spilled cultivation." Perhaps the third attenuation would be a success for our bank cashiers.—*Birmingham Medical Journal.*

QUID PRO QUO.—Our esteemed contemporary *The Medical Record* thus "drops into poetry" at the expense of Homœopathy:

Little drops of water,
Little grains of milk,
Make a little doctor
Of the homœopathic ilk.

To which we respectfully rejoin that:

Learned talk of microbes,
Guess work o'er the sick,
Mark the allopathic
Doctor of physic.

If he's liberal-minded
He—as one would say
Suffering from coryza—
Finds it a "Code" day.

N. E. Medical Gazette.

IN MEMORIAM.

EDWARD C. FRANKLIN, M. D. Was born in Flushing, L. I., March 12th, 1822. He received his literary education at Washington College, Hartford, Conn., entered the medical department of the University of New York in 1842, as a private pupil of Dr. Valentine Mott, and graduated in 1846. He began practice in Williamsburg, L. I., and was soon engaged in a "paper war" with Drs. Cox, Hanford and Culbert, homœopathic physicians, the two latter being converted classmates. In 1849 he removed to California, where in 1851 he was placed in charge of the Marine Hospital in San Francisco. He then practiced for three years on the Isthmus, was for a time Physician to the Panama R. R. Hospital and like most foreigners, suffered from repeated attacks of Panama fever, which resisted the

best efforts of allopathy but yielded promptly to homœopathic treatment. This was the means of his conversion to Homœopathy. At the beginning of the war he was appointed Surgeon and Brigade Surgeon of Volunteers and served in Missouri under General Lyon and in the Vicksburg campaign. In 1872 he was made Prof. of Surgery in the Homœopathic College of Mo., and in 1879 Prof. of Surgery in the University of Michigan, which he held until 1883, when he returned to St. Louis and engaged in private practice. He died while sitting in his office chair, after making his morning visits.

E. A. FARRINGTON, M. D.—"Dr. Farrington passed away very gently this morning (Thursday Dec. 17th, 1885) at one o'clock, after an illness of exactly one year," was the brief but sad announcement of the end of a well-spent life. As a teacher of Materia Medica his loss will be profoundly felt, not only in Hahnemann Medical College where by the students he was considered the ablest teacher in an able Faculty, but in the entire homœopathic profession. Materia Medica was his favorite study, and on the college rostrum he was clear, concise, convincing and eloquent, without a peer in any of our colleges. In the literature of our Materia Medica, the school, alas! will never know the extent of its loss. As the historian said after the death of General Wolfe: "The English people are slow to appreciate true greatness until they are on the point of losing it." So here, those only who have been intimately associated with him as colleague or student can appreciate his loss at its true value.

Dr. Farrington was born at Williamsburg, Long Island, Jan. 1st, 1847, was educated at Philadelphia and graduated from the grammar school in 1866, and from the Hahnemann Medical college it 1868. In 1870 he was appointed lecturer on Forensic Medicine, in 1873 he became Professor of Pathology and Diagnosis and in 1874 was elected Professor of Materia Medica in his *Alma Mater*. He was a frequent and always a welcome contributor to our current medical literature, associate editor of the *Hahnemannian Monthly*, and the last edition of *Hering's Condensed Materia Medica* passed through the press under his editorial care. Those who noted his robust appearance at Deer Park in June, 1884, will be surprised to learn that he was a victim to that fell destroyer tuberculosis. Last summer in the hope of obtaining entire exemption from professional cares he visited Europe, trusting a change of scene to arrest the progress of the disease. But unfortunately he derived no permanent benefit. To his family and colleages we extend our sincere sympathy.

P. P. Wells. M. D.

THE
MEDICAL ADVANCE.
A MONTHLY JOURNAL OF MEDICAL SCIENCE.

H. C. ALLEN, M. D., Editor and Publisher.

To whom all subscriptions and business communications should be addressed. The Editor is not responsib e for the opinions of contributors or correspondents. The date to which subscriptions are paid will be found on the address on wra pper of ea h number.

PLEASE NOTE.—To accommodate both publisher and reader this journal will be sent until arrears are paid and it is ordered discontinued.

VOL. XVI. ANN ARBOR, FEBRUARY, 1886. No. 8

ORIGINAL CONTRIBUTIONS.

MEDICAL EDUCATION.

REASONS FOR ACCEPTANCE OF THE HOMŒOPATHIC LAW AND PHILOSOPHY AS ITS SCIENCE OF THERAPEUTICS.*

P. P. WELLS, M. D., Brooklyn.

Medical education in its completeness is a compound of knowledges of many sciences. While in its constitution this is very composite, in its objective it is very simple. It is to relieve human pains and sufferings and cure and prevent human sicknesses. A knowledge of whatever helps to the attainment of these may rightfully be incorporated into the sum of whatever has entered into an education of which these are its legitimate objectives. Preventing, relieving, and curing are the functions of the physicians' office, not to

*Introductory to the Course of Lectures for 1885-86 in the Woman's College and Hospital in New York City.

pose before the world as expounders of the inexplicable, and masters of all the unknowable in the universe. To be able to explain everything is the function of the sham—to cure is that of the true physician.

To the attainment of this end there have been many ways laid out in preceding generations which were to be followed by those who should cure. These have had their origin in the minds of ingenious men, who imagined the nature of the different factors in the problem of cure, and also the processes by which this was to be effected, and this they called "*theory.*" There have been many of these theories. Together they constitute the history of practical medicine from its beginning down to the birth of a knowledge of the divine law of therapeutics, the promulgation of which among men was given to Samuel Hahnemann. Previous to this, practical medicine was *theory—i. e., imagination.* This has survived the advent of law, and is now all about us in the garb of *Allopathy.* The record of practical medicine from the time of Hahnemann has incorporated into it a new element. Theory has been displaced by *law.* This element it is which characterizes the system he proclaimed to the world and called *Homœopathy.* This has survived the opposition, abuse, and hate of the older—the system of theory—and the two now exist together in the world. *Allopathy,* theory, imagination, guessing, on the one side, and *Homœopathy,* in itself a law, God-given, which declares the relationship between sicknesses and their curatives, and points the way to their discovery in all curable cases. Here in a single point are the characteristics of the two divisions, in which we meet the practical medicine of to-day —imagination on the one side and law on the other. To which shall we give our adherence and confidence?

It would seem that the question contains in itself its own and only possible answer. And yet, plain as may appear the superiority of law to speculative guessing, law has not yet all of science and intelligence on its side. So great is

the force of tradition, and so much of power is there in its hold on those who have trusted it and have given their lives and their faith to its control, that these have, from the beginning, been found the most violent and persistent opponents of law. Absurd as it may appear, there have been, and still are, many who prefer the guidance and authority of human guessing to that of this only law of therapeutics. This being so, then, when one enters the studies needful to a medical education, he meets at the outset the problem of this education, presenting to him the question of *law* or *theory*. He must make his choice. Let him do this in the light of truth, and do it loyally, firmly, finally. Let there be no insane attempt to mix the two, for this is really impossible. He who attempts this, if he perseveres in this course, is in the end only doomed to a drowning in his own folly.

If we now receive the law of relationship between curing agents and sicknesses as given to us by Hahnemann, what are the grounds of our acceptance of it as truth coming to us with divine authority? What does this law say to us that, as wise seekers of truth, we would present to the ignorant or the skeptical as a justification of our choice?

First.—It demands, before proceeding to the choice of remedies for pains and sicknesses, an exact knowledge of the *facts* of the case in hand—*facts*, and not our own imaginations or those of other men as to the condition of internal parts or organs in the case, which condition is charged with the responsibility for the sufferings and danger of the case. It demands a knowledge of *all* the facts which can be known, and therefore are knowable, instead of imaginations of supposed conditions of which no man living can know, because while the patient lives these are wholly in the category of the unknowable; and when he is dead the case is but little better, for whatever is learned from autopsies comes too late for practical purposes. This knowlege includes the history of the case as well as that of

the facts perceptible to patient and prescriber. Then the law goes farther, and demands of the prescriber that he shall have a like knowledge of all the facts of the action on the organism of the remedy he is to employ, in the same detail as is that of the sickness to be cured. This is the first great distinctive feature of the system of law. It deals only with the knowable, and insists that this shall be known in its entirety, both as to sickness and remedy. In this it stands alone of all which has claimed to represent a system of practical medicine in all past history. And this is the first fact we present which challenges our confidence in the truth of the system of law.

As first propounded by Hahnemann, this system was met and opposed because it ignored the imaginations of the current medicine of the day. "This totality of the symptoms —these knowable facts—and this all? Where then is to be the place of the science of pathology, and what can be the use of it? and what can any system of practical medicine be without this which makes so great a part of that which is our great boast? It is only symptoms. The attempt to base a practical therapeutics on these is only to deal with the surface of things. It is superficial, and only superficial, neglecting to go to the depth of things, as we do, in our imaginations!" These and like objections were and are brought against this system, which demanded facts and a knowledge of them as opposed to that which only proceeded on theories and hypotheses, and held these as not only sufficient, but indispensably necessary, to the duties of the practical prescriber.

In reply to such objections to this system of law, we say, first, when we present it to your confidence, we have no apologies to offer to these objectors, either for the system or its author. They need none. If they are accused of partial views of the sciences necessary to a complete medical education, and neglect of some necessary to an intelligent therapeusis and its practical administration, it is a

sufficient reply that Hahnemann and his system require a knowledge of *all* that is *knowable* of the factors of problems of practical healing, and he or that which demands more is only acting the part of ignorance or folly. * * * He who demands more than *all* existing facts is simply insisting on acceptance of his own imaginations being received as of equal authority with facts, or that these be permitted to displace facts, which the system of law will not accede to. In this very point the antagonism of the systems of law and theory has its chief existence. It is not a little singular that human vanity and conceit can go to this extent in opposing a system of law and philosophy and a practice based on these, and bring nothing as a substitute with a foundation more substantial than sheer imagination or hypothesis. And certainly human conceit, arrogance, impudence, and pride can go no farther than they have gone when they claim for this system of mere fancies, that this, and not the system of law, is to be accepted by men as the embodiment of "scientific medicine." And it seems the more strange and singular if we have examined this pretended system, and have seen its emptiness, and the fact that the therapeutics with only a theoretic foundation are as destitute of all belonging to true science as the mummy of Ramesis the First is of life. Truly law owes no apology to theory. It offers none, but instead, asserts its own superior authority and worth with the confidence of a perfect assurance. If any are disposed to discredit the confidence of this assurance, and call it only unseemly "dogmatism," we would remind such an one that a man with truth on his side has a perfect right to dogmatize, as to all who have nothing better to oppose to it than theories and hypotheses, and that dogmatism here is rather graceful than unseemly.

It is not forgotten that there have been and are those who have appeared as apologists for what they regarded as the defects of this system of law. But such have given us no new facts to redeem their alleged defects. They have

suggested no improvements which could give added efficacy to the therapeutics of law. Like the habitual carpers at our Materia Medica, they have only asserted imperfections which they have done nothing to amend. And but little attention to their utterances and movements is necessary to a discovery of the apparent animus and motive of these apologists. Their objective seems to be a harmony and blending of the systems of law and theory, that of the two they may make one, and so have peace. In their efforts for this they have been chiefly busy with efforts to destroy all which is characteristic of the system of law, that it may be more acceptable to theorists, evidently calculating on the ready reception of law, when dead, by those who have in all their history had so little to do with any principles with life in them. These apologists would seem to be ambitious of blending the living with the dead, and would have us believe that the intended result is to be only in the interest of the living. We accept no such apologies. We respect no such apologists. Before all such, and to all such, law may well exclaim—

"*Timeo Danaos, et dona ferentes.*"

Indeed they bring no gifts, and are expected to bring none, except it may be an acceptance of the cadaver of Homœopathy, after its life has been sacrificed by its professed friends. And then, if this be so accepted, which party is the gainer, and what has it gained?

If these apologists have attempted improvements of the system of law at any time, it has been by a sacrifice of the second reason I would present as a claim on your confidence in its truth and authority—viz.: its simplicity. It needs no aids from outside sources to secure to its practical administration its greatest possible successes. It accepts none. Wherever these have been thrust into that administration they have only and invariably damaged the record: something from old physic, perhaps to appear to be doing *more* for the sick, and so to relieve the anxiety

and satisfy the prejudices of friends. But the *more* from this source has always been the *worse*. Law will have simple obedience, and to this and this alone, it promises success. The disaster which is so certain to follow violations of law by the introduction of means it neither calls for nor sanctions, has only this one poor consolation for its victims or their friends : "Everything has been done that could be done." Yes; and hence the disaster. It has come because "everything has been done" except the *one* only thing law demanded.

We have said we present the system of law to your confidence because of its simplicity. In this it is like all natural laws. We use the term as applicable to its nature and as opposed to the complex. It is simple in its expression —*Like cures like.* The terms are brief and easily understood, it would seem. But it may be possible to make a mistake in this last, if we hastily conclude that, because simple, therefore easy to be understood. Perhaps, before we thus conclude, if we ask and endeavor to answer the question, "What is the like which cures?" we may find the answer not so easy as we may have been tempted to believe because of the symplicity of the law. Though the law demands a recognition of all the facts of the case, this is not because each fact is of equal importance to every other in disclosing the curative relation to the case of the *one* drug the law demands of us that we find in the discharge of clinical duties under its direction, but because until all are exposed we have no certainty that that which is most important to this discovery has not been left out of sight; and so a failure to find a simillimum is the result, and so the consequent failure to cure. Hence one of the elements of first importance in the education which qualifies one to cure the sick is that knowledge which enables the prescriber to distinguish between those symptoms which are most important as indices to this relationship and those which are less so. To become master of this element is not an

easy matter. To become a master in specific prescribing without this knowledge is simply impossible.

The most that can be done for the beginner to aid him in its mastery is to give him general principles for his guidance. Here is one: Those symptoms which belong to a class of sicknesses, and are found in each example of it, and which dominate diagnosis, are of very little importance as indices of the specific curative. As an example, the pains, tenesmus, tormina, etc., of dysentary, without which no case is dysentery, are of first importance to the diagnosis, but are the least helps to the discovery of the curative. It is that which is characteristic of the case in hand, and not that which belongs to every member of the family which points us to the specific. It is a simillimum to these characteristics of the case which we are to find in the record of some drug, and not to those of the family. The law in this is simple. Its language is the *one drug.* The duty of finding this, under the guidance of law is not seldom difficult. In this simplicity it stands in sublime contrast with the medicine of theory, which accepts any and everything the prescriber thinks may do his patient good; as is also the administration of this, singly or in mixture, as the case may be, with the giving of the one specific when found. Here are the two—the one guessing, despairing, giving anything which he imagines will help his case, while the other, with his specific, is able to say, I know, because I have the warrant of God's law for my assurance.

Then we present a third reason for our confidence in our law, viz ; *its completeness in itself,* which makes it equal to all needs of sick conditions of men. It is as appropriate to the gravest of these as to the most trifling. To the new and strange, as to the old and familiar. Its practitioner, who is equipped for its practical duties, is as ready for the first case of a strange plague as for any subsequent one. No case of new sickness is a stranger before

the law. It, as are all others, is met by the simillimum to its phenomena, and in this is found its master. So that to its completeness in itself, having no needs of outside help, it adds a fourth reason to our acceptance in its *universality of application*—it meets the wants of all curable cases in all lands and climes. This fact alone stamps it as one of nature's laws. And besides this there is no one of the proposed methods of treating the sick, which does not fail to establish itself as a law, by reason of failure to sustain this character of universality of applicability to all sicknesses. Being a natural law it is unchangeable. Time has no power to change its relationships or to diminish its efficacy.

This does not mean that diseases called by the same name are always to be cured by the same drug. The system of law has nothing to do with names when it promises cure by the use of the simillimum. In this again it is found in sharp contrast with the medicine of theory, which deals only with *names*, which are accepted as representing *things*. The first duty of the theorist is his diagnosis, i. e. find a name and then deal with what he understands the name to represent. The prescriber, under the authority of the law, disregards names wholly when he is searching for his specific remedy. He is engaged with the phenonena of the sickness before him because it is the simillimum to these which cures. The law does not concern itself with names. Hence it may happen that when called to treat a case—it may be of whooping cough—the remedy which cured all cases last year is of no value in treating what we call by the same name this. The reason is this—though the defining or general symptoms compel the the use of the same name, the totality of the symptoms are changed, and this, under law, compels a change of the remedy. Sicknesses change and so call for change of remedy, and it is one of the glories of our law that it is always ready to meet such changes and never is surprised by them.

Such is the law we commend to your confidence, as from the omniscience and benevolence of the Supreme—His one great gift to humanity for the relief and cure of its pains and sicknesses; and these are some of the evidences of its divine origin. In one word, its perfect adaptedness to all the needs of relief proclaims its origin, while the triumph of its intelligent administration challenges your confidence in and loyalty to it, in all your future studies and labors. The medical education which you are now endeavoring to gain is that and all that, and only that, which contributes to an intelligent administration of this law. It is, if rightfully made up, composed of two parts—one training your own powers of mind into a fitness for this sublime duty, the other of gathering into the mind such knowledge of facts and principles as are involved in this duty.

And, first, of your own mind. And, here, from the nature of the case, you must be almost wholly dependent on yourselves. No one can help you much in this. In the iniatory endeavor to prepare your mind for the serious duties of your future life, first, with all your strength and in all time cultivate your powers of *attention* and *observation*. Insist on seeing, and carefully, whatever is before your eyes, for this is just what your eyes were given to you for. If this seems an easy thing, and one which will do itself, because you cannot but see what is before you, don't make a mistake and fail to cultivate these powers. It is not easy to see all that is before one. Few persons do this, and no one does who has not cultivated the faculty of observation. This, in the practice of specific medicine, is a power of the very highest importance. How are you to cure by finding and giving the remedy which has in its record facts most like those of the case you would cure if you have not seen these facts? If not seen, their necessary comparison with the Materia Medica record is impossible. Therefore see everything before you. For example, the patient being in bed, note his position. Is he on his back or side? If on

the side, on which? Note his posture; is he lying straight or bent? Is he quiet, or restless and constantly moving? Is his aspect tranquil or anxious, expressive of pain or peace, of reason or delirium? The color of his face—is it pale or red? If red, dark or bright? Is the red in circumscribed spots or diffused? Is the color dirty gray? Are there dark circles under the eyes? Is the general surface warm, hot, cool or cold; dry, damp or wet? If wet, is the perspiration hot or cold? Is the morale tranquil or excited? If excited, what is the character of the excitement? What is the character of the respiration and pulse? These and all other visible facts are to be carefully noted; and the point we wish to make is, that you are so to train your power of observation that it will permit no one to escape notice. It is no part of our duty or intention to enter on an explanation of the relation or significance of these facts. This would be to usurp the duty of your teacher, which I would avoid. By a careful training of this faculty you may come to that pass with it which will at a glance give you intelligence as to the nature of the problem before you, and a power to deal with it successfully, which those who are careless of this duty can never either emulate or understand.

Next in importance to a cultivated faculty of observation is the possession of the art of gathering *all* the symptoms of a case to be treated, and the first step toward acquiring this art is to get a definite idea of what constitutes a symptom. Do you say; "Why, a symptom is only a simple fact?" This view is wholly defective and inadequate to the expression of this constitution as before the specific prescriber. For him a symptom is much more than this. It is a fact, but not a *simple* fact. So far from this is it, that it is a fact with all that belongs to it of circumstance, condition, and relation to time, and to all the functions of all the organs of the body—how this fact affects each and how each is affected by it. How is it affected by motion or repose—

by position or change of position? What are the qualities of this fact? If it be a sensation or a pain—what its exact location—what the time and circumstance of its appearance, aggravation or relief. These and many other elements which complicate the nature of this fact are to be taken into the account before the specific prescriber can accept it as a complete sypmtom. The reason of this is because the relationship between the sickness and its curative is found in the similiarity of these complicating elements to like elements in the record of the Materia Medica. To gather symptoms, thus understood, is the daily and life duty of the homœopathic prescriber; and until this is accomplished a homœopathic prescription is an impossibility. The pretense of this, without the performance of this first duty, is ever and always a false pretense. This is not only the most important part of the duty of prescribing, but by far the most difficult. It is the most important because until this is successfully acccomplished no subsequent step can be taken under our law for the relief or cure of the patient. It is to be done, and done carefully and right, or if otherwise the duty be performed carelessly, or a part of the needful record be wanting, then finding the curing agent may be an impossibility, by reason of the partial statement of one of the elements of the comparison which is to reveal the curative. The likeness to this which represents but *part* of the case may not have the relationship of curative to your case, and the discovery of a simillimum to this, if it be given, can only end in disappointment and failure. The law requires *all*, and will have it, or it gives us no promise of good. Its promise of cure is to that which is most like *all* the facts of the case. To gather only a part, and proceed to prescribe on this, is only of the nature of breach of contract on the part of the prescriber, both as to the law and the best interests of the patient. All of success in practice depends on the thoroughness and completeness of the performance of this duty. Therefore count no

labor or careful study given to this, more than its importance demands. Be content with no less than a constant and perpetual endeavor to strengthen your powers in use in this duty, and to increase their familiarity with the processes by which its objective is obtained. Let there be nothing of slip-slop or hap-hazard in its performance, not even for once, for this once may become the beginning of a habit, and the habit once formed, and practical life becomes a wreck, from which there can be no recovery. Cultivate this power to gather symptoms truly and in their entirety till you have mastered the great difficulty, and then you may safely assure yourselves that you have a large part, and a most valuable part, of a practical medical education. This, if you achieve it, remember, is to be a fruit of your own mind-working. Your teacher cannot give this faculty. It must have its origin in your own conviction of its importance, and its growth from the vigorous impulses of your own will. Never cease trying to do this better and more thoroughly, and the end will be, you will find yourselves doing it better and more thoroughly, and your successes will become greater and more assuring and comforting as you continue to strive.

In view of the supreme importance of this duty, may I not hope to be pardoned if I so trespass on the proper ground of your official teacher as to offer some suggestions as to how this securing of this totality of symptoms may be best accomplished? In the first place, write down your facts as you gather them, and you will save the risk of neglecting some if you trust your memory. Have a small, blank note-book always by you, ready for your record. Have some regular, orderly plan of procedure, trusting nothing to chance. It is not a bad one which begins at the head and inquires as to all possible pains, vertigo, and mental and moral symptoms, with all conditions and modalities connected with them. Then follow with the organs of sense, learning all aberrations of functions and pains, with

conditions and modalities as before, and proceed through the organism according to the anatomical schema found in the Materia Medica record, noting all pains, functional disturbances, and their conditions and modalities as before. Then deal in the same manner with the general symptoms, skin, sleep, and fever. Having gone over all this, and thus carefully, you have a basis on which a rational and specific prescription can be founded.

These two indispensable elements of a medical education you are to acquire mainly by the use of your own powers. No one, not even your teachers, can help you much in this work. The most they can do is in the way of advice as to methods of procedure. Attention and observation engages with objectives which are visible. The art of gathering all the symptoms of the case has largely to do with invisibles, the objective of which is to bring them into light and place them in the record which is to be the basis of a legal and rational proceeding for cure. There is and can be no other foundation for this than this record, and hence the necessity for its completeness and perfection. When law insists on the *perfection* of the record, it means it shall have in it no false entries; that in the answers to the needful inquiries the patient is not to be permitted to deceive himself nor his prescriber by whatever of exaggerations or imaginations of his own. It is not to be forgotten when gathering the symptoms of a sickness, that there is occasionally met a weakness of human nature which is ambitious that its own case shall be regarded as an *interesting* one, and to make it so this variety will not hesitate to draw on imagination, and is certain to exaggerate whatever of facts they may disclose. These are most difficult and not pleasant patients to prescribe for. It is to be carefully guarded against that if such patients succeed in deceiving themselves, they shall not deceive the prescriber.

There is a second part of a true medical education, to which the knowledge of others may be made to contribute.

We refer to that part of it which includes a knowledge of the facts and laws of life, sick and in health; the philosophy of sick conditions and of their recovery; a knowledge of the nature and action of the means in use for this end, and their rightful administration both as to form and method—in short, whatever enables one to place his problem of cure in the clearest light of law, and in this light helps to its more ready and certain solution, is to be a part of the capital of every one who is to assume the duties of the practical healer. The educational processes he has passed through, presumably, have had for their objectives a general qualification for these duties. He has been taught a knowledge of the law which underlies and sustains the only "*science*" of therapeutics. He has learned its universality of scope and adaptability to the healing of the sicknesses of men. He has made himself familiar with the corollaries of the law which control its administration, and the right management of the means it employs for healings. It is to be presumed he has been taught these knowledges as they are found in the *Organon of Homœopathic Medicine*, and are found nowhere else. It is presumed he has been taught these and also the true nature of sicknesses as there taught, because if not knowing these, whatever else he knows, he is wholly destitute of the knowledges which furnish the specific prescriber for his work. Without a knowledge of these there is no medical education which is worthy of respect or confidence. A knowledge of these principles, and of how to make practical application of them, *is* a medical education in itself. Other knowledges may be required to give completeness to the sum the healer should know. But whatever else he knows, and not this, he is not the possessor of an education which qualifies him to deal specifically with the sicknesses of men. Without these knowledges the would-be healer is but too likely to drift into the habits and methods of the medicine of theory, and there being no great difference between this and the

kind of Homæopathy he knows, represents, and practices, he soon falls to dreaming of a possible union of the practical medicine of law and theory—"on a *scientific basis*."

One thing more. We have only considered medical education as exclusively related to the intellect. If it stops here it leaves its votary but partially fitted for his best work. The heart of the healer must also be educated for the duties of his office. And we would begin this by enforcing the apostolic injunction, "Let patience have her perfect work." In this we do not forget the beauty and need of gentleness and affectionate interest in the subjects of professional care. These in woman are known to be present as a spontaneity. But we begin with patience because of the great difficulty often experienced in its exercise, and because the practice of it is indispensable to the success an observance of the demands of law promises to us. We inculcate patience first, because often, in dealing with important sicknesses, success will depend so much on its presence. Patience first in gathering the basis of a rational prescription, which is often very difficult. And there are many reasons for this. Some belong to the patient and some to the prescriber. The patient may be of that eccentric order who think it is smart to deceive, conceal, or mislead the inquirer after his symptoms. In this his eccentric vanity presents him to himself as the superior of his doctor, and he likes the view. I have seen and dealt with some of this class, and confess that a proper dealing with them requires a sublimity of patience almost beyond the possible. But this poor vanity is to be borne with, and by persistent perseverance is to be overcome. The truth must be had. Then another class is met who are almost wholly incapable of giving an intelligent account of the elements of their sicknesses. They only know they feel bad, and any attempt at an analysis of their bad feelings is something beyond their comprehension. A pain is a pain with them, and all are alike, and their whole idea of it is limited

to the sense of discomfort it causes. These may not be foolishly vain, but they are almost incorrigibly dull, and truth, which must be had, is only obtained from them by utmost patience and perseverance. Each patient will have his personal peculiarities and each present his peculiar difficulties to be overcome, and each will demand more or less carefulness and patience for their mastery. No doubt it is easier to generalize and guess than to strive and overcome the many difficulties incident to a specific dealing with sicknesses. But remember, if you yield to the temptation, and substitute generalization for the individualization a practice founded on law requires, you have by so doing abandoned Homœopathy, and have no longer a right to its honorable name. If for the sake of ease, or for any other cause, you proceed to find and give a remedy for pneumonia, for example, instead of searching out the facts of that sickness and finding the remedy for these, as the law requires, you will not only have abandoned Homœopathy, but will have added, probably, to the long list of fatal cases which have been so treated before. It is easier to prescribe for a *name* than for the "totality of the symptoms"—*i. e.*, for all that is knowable of a case; but certainly we know no other reason for this stupid resort. It may be true, as was said recently by a so-called homœopathist of New York, that those in your city "who prescribe on symptoms could be counted on his fingers." If so, then all that follows from the fact is, that the number of those here who are really true homœopathists are all found in this limited number. The doctor who had made this interesting discovery gave the exponent of his own professional character when he replied to the question, in a professional consultation, "What are the reasons which decide your choice of the remedy you recommend in this case?" His answer was, "It is Dr. ——'s great remedy in these cases!" His professional life has evidently been an imitation of the child's game, known as "follow my leader." You may meet such—and it is to

be feared there are but too many of them. If you do, they may tax you for all the patience you have, and perhaps more.

But there is another field in which you may be called on for your whole stock of patience. You have studied your case, gathered its facts, and, as you believe, have found your simillimum. You have given this, and when the time comes that you look for response in the relief of your patient, it has not appeared. What shall you do? Change your remedy? Not so. Revise your examination of your case and your comparison of its record with that of the Materia Medica, and if you find your selection justified—wait! "Not able to wait for a thing"—said that great master of prescribing, the elder Gross—"is the original sin." Or, more literally translated, the parent of *all* sins. And in therapeutics there is in this more of truth than rhetoric.

We would emphasize this duty of waiting, because just for the want of this many lives are lost. Let it be remembered, different patients respond to their specific in times which differ greatly as to extent. The same is true also as to the time required by different remedies for their reactive and curative action. Some are reacted on instantaneously, sometimes, and always, if at all, in a short time after their administration. Others only after hours, days, or even weeks. I have seen the best of results, in gravest sicknesses, appear after two weeks of painful waiting. I have seen the worst of results follow the change of remedy which impatience had demanded and practiced, because the expected curative action was delayed beyond the time in which it had been looked for. For the government of practice in the matter of change of remedy and repetition of dose—study the directions of the Master in his *Organon*, obey these implicitly, and then—let patience and your specific have their perfect work.—*Hom. Physician.*

NOSODES.

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The law of Homœpathy that "like cures like" has been invoked to give authority to the practice of administering the product of disease to cure the same disease. These remedies have been termed Nosodes.

There is nothing singular in fact in this new word, since all the diseases flesh is heir to may enter into each psuedo specific.

Drugs have no curative or healing properties in themselves, and no direct curative action, whether administered in homœopathic or allopathic doses.

The contrary of this proposition cannot be maintained without establishing that not one, but all drugs have directly opposite action in large and small doses; that Arsenic, Lacheis, Belladonna, Nux vomica, and other potent drugs which, in appreciable quantities are poisons, cease to be such, or in effect have a reverse action when used in high potencies or dilutions, and as corollary to this proposition, it follows that between the maximum and minimum doses, between the poisonous and beneficial action of drugs, there must be some neutral point where they cease to have either effect, or, at least, where the effect passes from the deleterious to the beneficial; that drugs have positive and negative poles and act upon the body accordingly.

Any attempt to establish these propositions, either in theory or practice, results in their refutation and rejection. On the contrary the whole homœopathic Materia Medica, the whole of the symptomatology, is founded upon the inexorable law that the drug in every stage, from the crude to the millionth potency or dilution, possesses the same indestructible and unvarying and unchangable qualities and action.

Samuel Hahnemann, the profound thinker and earnest searcher after truth, the discoverer of the universal law of

Homœopathy, has declared that "like cures like," not the same; and in that distinction, well taken, he is sustained by the reason of the thing. Some practitioners of Homœopathy have supposed that they approached nearer the similitude when they adopted the Isopathic treatment, giving the virus of small-pox to cure small-pox, the virus of syhilis, etc. Yet Hahnemann has declared it is not the same that cures. He says: "The homœopathic system of medicine never pretended to cure a disease by the *same*, the *identical* agent, by which the disease was produced. This has been inculcated on the intelligent opponents often enough, but, as it seems, in vain. No! it only cures by means of our agent, never exactly corresponding to, never *identical* with the cause of the disease, but by means of a medicine that possesses the peculiar power of being able to produce only a *similar* morbid state (ὅμοιον πάθος) and this is the mode most in conformity with nature. Cannot these persons feel the difference betwixt 'identical' (the same) and similar?"—Nota Bena to Hahnemann's Materia Medica Pura, vol. II.

The attempts to obtain from the body specifics for the diseases of the body is liable to two grave objections.

First. It proceeds upon the erroneous assumption that cure is wrought by identicals, not by similars—similia similibus curantur. The system always has a tendency to react against the morbific cause which disturbs it. The nosode, the same, leads this reaction into the vortex of the disease.

When we consider that the law of cure is by stimulating reaction through the vital force, it will appear that the temporary reaction which is aroused by the identical must sooner or later be lost in the greater force already exerted by the disease; their actions being identical, they must unite and the greater absorb the less; whereas the similar raises a parallel reaction which never becomes identical with or merged in the action of the disease, but passing beyond it

ends in the equalization of the vital force, wherein the reaction equals the action, which is the state of perfect repose and perfect health.

The tendency is to react against the disease; if these forces directly opposed to the disease are overwhelmed, they cannot unaided react against the disease. If these forces directly opposed to the disease are overwhelmed, they cannot unaided react. It is only by calling in aid the correlated, yet unaffected, powers of resistance that you effect an alliance capable of successful reaction. To this end you administer a similar. The nearer the relations of the similar to the disease the closer and more united will be the powers of reaction, the more speedy the cure.

This power of reaction depends not upon the strength of the dose, but upon the exactitude of the prescription. The larger the dose, the more deleterious its direct action. The smallest dose compatible with the stimulus to reaction is the best. The higher the potency, the more speedy the reaction. It is in vain, then, to seek to extract from a diseased part a pure and homogenous remedy which will cure the same disease in others.

Second. Even could it be done theoretically, practically the nosode would contain the seeds of hereditary evils which had no visible exponent in the diseases expressed; and while antidoting one disease you might inoculate with the virus of many others. To avoid this danger the cow-pox was substituted for the small-pox. There are fewer hereditary diseases among animals, and of these, few are common to humanity. By the use of these nosodes Homœopathy would justly incur the reproach of "monstrous polypharmacy," which Sir John Forbes hurled at the allopathic school, of which he was one of the heads.

It is true that the nosode does make a new impression and arouses a temporary reaction; but it is soon overdone by the more powerful action of the disease. From its nature it cannot complete a cure; it cannot destroy what it

has created. The gain is illusory, and the danger of transplanting the seeds of hidden hereditary evils should be a sufficient deterrent for every true physician.

In his inaugural address delivered before the Health Congress at Brighton, England, Dr. W. B. Richardson said, speaking of hereditary diseases: "I am satisfied that quinsy, diphtheria, scarlet fever, and even what is called brain fever and typhoid, are often of hereditary character. I have known a family in which four members have suffered from diphtheria, a parent having had the same affection, and probably a grandparent. I have known a family of which five members have at various periods suffered from typhoid, a parent and grandparent having been subject to the same disease.

"I have known a family in which quinsy has been the marked characteristic for four generations. These persons have been sufferers from the disease named without any obvious contraction of the disease and without having any comparisons in their sufferings. They were, in fact, predisposed to produce the poisons of the diseases in their own bodies, as the cobra is to produce the poisonous secretion, which, in this case, is a part of its natural organization."—*Proceedings I. H. A.*

CLINICAL MEDICINE.

SUPPRESSED MALARIAL FEVER; WITH ILLUSTRATIVE CASES.

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On malaria and its manifestations much has been said and written; not unfrequently with evidences of skill and patient research.

Its origin and nature have shared largely in the investigation, its relation to temperaments and sex, and influence on other diseases such as phthisis, pneumonia, and

affections of the nervous system, all these have been more or less ably discussed, not omitting that formidable condition known as malarial cachexia, while little has been elicited on the possibility of suppressing by improper medication the primary symptoms of malarial poisoning, and thereby engendering other diseases. This alarming possibility, with allusions to some grave consequences, and hints at remedial measures, will form the subject of this paper, in the elucidation of which I shall assume as accepted by all Hahnemannians, the following propositions:

1. That the outward, visible, or sensational symptoms of a malady, are not the disease proper.

2. Such external or visible manifestations are the result of an effort of nature, to eject the disease proper from the organism.

3. Any attempt to arrest or check such symptoms by other means than a remedy capable of inducing the nearest resemblance to the whole, will not cure the internal disease.

4. To check the outward expressions without curing the internal condition, *is a true suppression* and the *prolific parent of future ill-health.*

As illustrative of these principles a case of diphtheria may be cited; what do we see therein? A person has been exposed to the contagion of diphtheria, and after four or five or even ten days the period of incubation, he complains of lassitude and dullness, followed by more or less chilliness and succeeding fever, backache and general muscular pains and sore throat, which, on examination exhibits the characteristic white or gray exudation, and the patient is said to have diphtheria. But he had diphtheria from the moment he received the contagion, a contagion so subtle, that none of his senses could detect its approach, yet so virulent and progressive that the system became gradually surcharged, when the vital forces concentrating their efforts for its expulsion, there appears on the tonsils or fauces an

"outward and visible sign of this inward and invisible evil." What shall we do with this exudation? Shall we mistake it for the disease proper, and addressing our forces thereto, with probang, gargles and caustic, obliterate the excrescence? Alas for us and for our patient if we do. An outpost has been taken, but its extinction disables us from attacking the centre; the appearance, color and location of such deposit being indispensable to a selection of *the* curative remedy, whose action for good will be indicated subsequently by the changes which it works on this appearance, until the whole disease within and without is annihilated. But we have removed this deposit, and vainly do we then interrogate nature for guidance; she will give no more answer to our questionings, than a timepiece from whose face the hands have been removed will tell us the hour of day. Has then nothing been gained by our tactics? Verily much, for should the patient's life be spared, there will almost certainly follow sooner or later, a standing memorial of our incompetence in one or more of a train of sequelæ, such as chronic pharyngitis, difficult deglutition, enlarged tonsils, susceptibility to affections of the throat from the slightest change of temperature, degeneration of the kidneys, dropsy, even general paresis, all as supposed consequences of diphtheria proper, but almost invariably due to our repressive treatment.

Given then a case of disease; we have an internal condition, as originating, and in due time an outward or sensational expression of it as secondary, which outward, objective and sensational symptoms combined, form the true and only guide in selecting our remedy. But being *so* chosen, will under judicious administration totally remove the entire malady; while tampering with mere external symptoms either to arrest or alter their character or any other therapeutic *medicinal* proceedure whatever, will disappoint our expectations by failing to secure health.

If the numerous patients who consult us for relief from

chronic ailments be questioned as to the origin of their malady, we shall be told of their not having been well, since they had a fever, pneumonia, erysipelas, diphtheria, scarlatina, cholera, or a fever and ague. My own answer to all such statements has ever been, that *the diseases they refer to were never cured*, that palliation or suppression had been mistaken for cure, the primary symptoms having merely receded on the organism to evoke other forms of suffering not frequently beyond all our skill to cure.

In the light of these principles let us consider the immediate object of this paper: *Malarial Fevers, as liable to suppression by abortive treatment.*

The transmission of malarial poison into the system is not usually apparent until the morbific principle has permeated the whole domain, and the well known chill, fever and perspiration make it manifest. Of its nature and origin, we do not now inquire, a subject already dealt with by many, and especially by Dr. J. W. Dowling of New York whose able paper thereon he kindly sent me; it suffices that we admit its subtle and imperceptible invasion of the vital domain and the non-recognition of its presence until a process for its expulsion is set up. The chill representing a receding of the vital force, preliminary to the reaction of fever, both culminating in the grand expulsive sweat, to be renewed at successive intervals until the enemy is dislodged and health returns.

We believe that no careful observer of nature will question our conclusion, that, the foregoing process is set up and sustained by the organism as curative in its nature, and all things being equal to the emergency, health must be the final result. I shall assume this position and make no deduction from its force to accommodate those who might reply; how very few possess the requisite vigor of body to wait for such a consummation? Their objection is admitted, but in nowise does it detract from what is assumed, that the process as set up is *essentially curative;* but if

curative, *not to be disturbed or arrested by any means which fail to make such process unnecessary.* And here let me say emphatically, that, any medicinal agent capable of arresting a paroxysm, which does not contain in its provings a totality of the characteristic symptoms of the case, can only induce a suppression in whose train will sooner or later follow either a renewal of the attack, demanding renewed administration of the repressive remedies, or a metastasis, the legitimate and natural effect of all such measures. In the former, frequent repetition of the medicine may, and almost certainly will induce, that shocking state of depraved death known as malarial cachexia, due as I believe, simply to repeated attempts with inapplicable or excessive medication to suppress the *natural* malarial manifestation of chill, fever, etc. While a metastasis will hardly fail to disorganize any organ to which the virus is determined; witness as resulting from this cause, enlarged or indurated liver and spleen, persistent and agonizing neuralgias, ovarian and uterine engorgement, varicose veins, vertigo, indeed almost any form of suffering may be so induced. I am aware it will be maintained by some, who combat the disease with ponderous doses of inapplicable medicines bearing no relation to the totality of symptoms, that their success bespeaks for them a more favorable judgment. I fear, that, having arrested the paroxysm, these gentlemen rest satisfied with their proceedure, because no *immediate* indications of evil follow; yet a seed which we might place under ground will not put forth its germinal shoot the following day, and some, having hard coverings, may lie dormant a long time ere the first sign of growth is apparent. So the malarial germs, whether Bacteria or other minute organisms, when suppressed in their primary effort to induce a chill, etc., may lie long ere their power for mischief is manifested, and our failure to watch and wait on such cases leads to serious error of judgment. We are all familiar with the popular cry, "Doctor, I have

had an attack of ague, and I want you to break the chill, quick;" and the pressure of circumstances may prove a strong temptation to take the easy and well-trodden path with our patient. We may rest assured that whatever difficulty lies in the true path, its end alone is health and honor; and not a few of the public are recognizing the truth of my assertion. All indeed who receive their instructions from the genuine disciples of Hahnemann, and their knowledge of such principles, must often bring a blush on those who fail to put such principles into practice. The following colloquy may bear thereon: A neighbor, afflicted with chronic bronchitis, was passing along the outer walls of a cemetery, when taken with one of his severe paroxysms of cough, and, being exhausted by the effort, had leaned against the graveyard wall to recover breath. A sympathetic acquaintance from an opposite side, having seen and heard his distress, crossed over to him with the ejaculatory advice, "My dear sir, you should have that cough stopped." "Stopped?" rejoined the sufferer; "stopped, did you say? Believe me, sir, there are a good many lying on the other side of that wall who would give a heap for my cough." "Ah!" said his friend, slowly perceiving the point of his reply, "I see; that's a new view of the matter." "Yes, sir, and a very important one. If a poor fellow has a lot of bad stuff on his chest, he needs a pump to get it up. The cough is my pump, sir, which I cannot dispense with until my lungs are cured." "Ahem! Good morning!" and away went our sympathizing friend with the new idea to reflect on. The chill from malarial infection bears the same relation to that poison which the cough does to our friend's loaded chest, and must on no account be arrested except by such means as render its action unnecessary, only possible under a highly potentized remedy, administered in accordance with the principles we have educed from the Organon of Samuel Hahnemann. By such an agent, the morbific influence is neutralized at its source,

and all the external manifestations, from the mild multifarious types of our northern regions, to the pernicious chill of the South, yield to its God-like power as the darknes of the night to the morning sun. Moreover, the cure is complete, and subsequent recurrence about as rare as second attacks of scarlatina or measles, and never owing to any imperfection in the original cure, but to a reproduction in the system of that morbid condition on and through which alone the malarial fever can again affect as injuriously. It is believed that the experience of every practiced Homœopath will confirm the foregoing statements, in illustration of which I add a few cases from my note-book, which might have been multiplied had the limits of this paper allowed.

In the year 18—, I was called on to visit a Mrs. D., aged 40, who had come some forty miles to place herself under my care for the treatment of an obstinate and grave inflammation of both eyes, supposed to have arisen from cold, and which had hitherto resisted all attempts at cure. The inflammation was severe, and the eyes so extremely sensitive, that any examination beyond a mere glance was out of the question, and I hesitated somewhat to assume the responsibility of their treatment.

Without delay she was placed under the use of such remedies as seemed indicated by the ascertained totality of symptoms, the names of which, writing from memory, cannot now be recalled. This treatment continued about three weeks, the only beneficial result obtained being a slight mitigation of the symptoms. Not satisfiel with so poor a return, and diligently searching for some cause for this partial success, I conceived that the history of the case might not have fully reached me So I sat down for a patient enquiry, from which was gathered that Mrs. D., with her husband, emigrated from the city of London some years before this, and had purchased a piece of land on our Northern Railroad contiguous to a marsh, the prox-

imity of which eventually induced recurring attacks of intermittent fever, for which quinine had been freely and often taken with the usual effect of at length "breaking the chill," as it it is termed, and, as our patient supposed, of curing the disease. Unfortunately, when the ague ceased its chill, etc., the eyes, which had hitherto been sound, became greatly inflamed, and so persistent and severe that at times total loss of vision seemed imminent.

My inference from this statement was that the intermittent fever had not been cured by the quinine, but suppressed, and so thrown back into the system to concentrate its baneful effects in another form, which I conceived to be this affection of the eyes.

Should these deductions be correct, it was further premised that no improvement in the eyes was possible, unless the restraining and suppressive action of quinine on the primary disease could be antidoted; and if this were practicable, the intermittent might return. Actuated by these thoughts, and the presence of nausea as a prominent but hitherto unrecognized symptom, I gave Ipecac. 30, four times daily during several days, when, to my surprise and delight, one morning about 9 o'clock a very decided chill set in more severe than any which the patient had yet experienced, followed by intense fever and subsequent perspiration. Natrum mur. at once came into mind as the probable remedy, but I waited for confirmation.

The next day was an intermission, succeeded on the third by a renewal of all the symptoms, time, etc., of the first. I had then a clear tertain, beginning at 9 A. M., from which and other symptoms, now forgotten, there remained no reasonable ground for rejecting Natrum mur. as *the* remedy. It was accordingly administered in the 30th potency four times daily for a while, and after three paroxysms, occupying nine days, the disease ceased to return, being, as the sequel showed, completely cured; and to my great delight the Natrum had acted so beneficially that nothing

else was required, and I shortly had the pleasure of sending home my patient, cured of both the malarial fever and the terrible effects on the eyes of its having been suppressed.

Perhaps the most frequent result from this pernicious treatment is a liability on the part of the patient to some form of neuralgia. Many such consult me who have suffered thus during years. They usually yield to the carefully selected remedy for the *totality*, but the choice is often extremely difficult, arising from the imperfectly developed expressions, partaking, as they do, partly of the natural dynamic disease, and partly of those symptoms which belong to the medicines which were used in repression and the genuine disciple of Hahnemann is not to be judged as swerving from our law of cure when in combatting poisonous doses of drugs he administers at the outset a sensible dose of an antidote—often on a mere chemical principle—as the sesquioxide of iron for arsenic, the albumen of eggs for corrosive sublimate, but the chronic conditions induced can only be reached by the dynamic remedy and often require its highest forms. So far as my own experience goes, I have not found it necessary to deviate from the strict method of Hahnemann; yet there will accidentally be one who either fails of cure or reaches it slowly, and I recall a sufferer of fourteen years from neuralgia, who burdened with almost every agent which varying physicians could give her, remains to this day, after some six months of my treatment, though greatly relieved and only rarely in suffering, not cured, as shown by a recurrence of attacks from slight causes. Another to whom quinine has been given in enormous doses for years, and who was consigned to her grave by three medical advisers has so far yielded to the dynamic treatment that her chill and fever are restored, having now weekly paroxysms, leaving an intermission of six days of fair health. Every well-chosen remedy has acted on her most satisfactorily,

but a new type follows each success, demanding fresh consideration and a new remedy. These ravages in the human economy from the careless administration of quinine bring to mind the ominous warning of the Master: "Wherever China is given for any condition of debility not induced by loss of fluids, and which is not the disease itself, its exhibition may be followed by the most pernicious consequences, and may even endanger life. Indeed, even in these cases it produces an excitement, but it is not a natural excitement; it is an overstraining of the vital powers of the patient which may be followed by a perfect collapse, or may entail upon the patient a cachectic concondition of the system, which it is either difficult or frequently impossible to cure."

What would this profound mind now say could he witness the wholesale abuse of this valuable drug. What with our quinine tonics, quinine wine, quinine ale, and the endless preparations of quinine and iron, quinine and pepsin, we have fallen on evil times, and the pure doctrines of Homœopathy become emasculated by alliances with every conceivable "Pathy." Every good gift and perfect gift cometh down from above, from the Father of Lights, while all else is from the Father of Lies, and as no lie is of the truth so no truth is from the liar. It may, therefore, be profitable that we enquire from whence our inspiration is drawn. If from beneath, whether knowingly or in ignorance, we are in danger of verifying in our experience the old adage, that "What is got over the devil's back will be spent under his belly."—*Proceedings I. H. A.*

SINAPIS NIGRA.

CLARENCE WILLARD BUTLER, M. D., Montclair, N. J.

In the afternoon of the 10th of June, 1883, I was consulted by Mrs. A. W., who complained of a sore throat. She was a married woman, thirty-two years of age, of ner-

vous temperament, who for the past four weeks had been in constant attendance at the bedside of her sick child. Two nights before I saw her, while watching with him, she caught a cold which manifested itself in the form of a sore throat. During the excitement and grief accompanying his death the following day, she neglected to give it proper attention and it grew worse. The soreness commenced upon the right side and in the posterior nares, as a hot, sore pain with much distressing dryness of the pharynx and roots of the tongue and extended gradually to the whole pharynx and into the left tonsil.

The morning of my visit the right tonsil had commenced to swell and at the time of my visit I found it considerably though not excessively swollen. The whole pharyngeal mucous membrane was highly inflamed and of a light red color. Upon the right tonsil was an oval ulcer, with smooth edges, deep, and about as large as a silver ten cent piece, while upon the left tonsil there were two ulcerated patches smaller in size, irregular in shape and more superficial. The mucous membrane upon the tonsils was slightly darker in color than upon the walls of the pharynx. The tongue was coated a dirty whitish color, with the edges and tip a bright red; the coating being thicker at its base. It felt as if it had been scalded and had also prickling sensations from time to time 'not painful' but annoying. The voice was nasal. She was feverish, her temperature (axillary) being 101.8° and her pulse full, soft and 100 to the minute. She suffered no pains except in the throat, but felt very tired and weak.

I gave her *Merc. pro.*^{cm}, obviously a poor prescription, June 11. There was no improvement in her condition. The right tonsil was more swollen and the pains in it and in the posterior nares were worse, especially upon deglutition. The nasal tone of the voice was more apparent.

Sinapis nigra^{cm}, (Fincke) repeated doses of a watery solution was now prescribed and on the next day (June 12)

I was gratified to find marked improvement in every particular. All the pains had grown better though they had not disappeared entirely, the tongue had become moist and was clearing off nicely, the nasal voice had become more natural in tone, the right tonsil was markedly smaller, and the ulcerated patches were rapidly disappearing. She had taken, during the last twenty-four hours rather more than a quart of milk, and now swallowed it with comparatively little difficulty. ℞. Sac. lac. On the 13th of June, the next day, but a trace of her sore throat remained and on the afternoon of that day she returned to her home in New York. Later advices from her assured me of the completeness of her recovery.

From my study of the provings of Sinapis nigra, and in the light of my experience in these cases, I do not hesitate to recommend its use in tonsilitis presenting the following symptoms: The mucous membrane is highly inflamed and of a *light red* color.

The pains are hot, sore, with sensations of extreme dryness of the throat and tongue, and perhaps prickling sensations may also be present. The tongue is coated thickly and may have a *fissure along its median line.* The voice is nasal in tone.

This symptom, which has been found a valuable one in acute catarrhal conditions as indicating this remedy, is of equal value in quinsy.

There is little thirst, notwithstanding the extreme dryness of the throat.

The Sinapis seems to do its work quickly and thoroughly, not requiring to be followed by any other medicament.

SPIGELIA VERIFICATION.

A. A. WHIPPLE, M. D., Quincy, Ill.

Prof. Hoyne's partial proving of Spigelia, in the January number of THE ADVANCE, I read with pleasure, and wish to return thanks. It is a remedy worthy of careful study.

Some years ago I spoke of its use in certain neuralgic troubles, to a brother allopath, and he remarked that "he did not know that it was ever used for any thing but worms." The mothers of South America knew as much a hundred years ago. Probably the good brother will learn more about it in time.

Hahnemann wrote as follows regarding it: "Spigelia, however, has short-sightedly enough been regarded and used only as an anthelmintic.

When people know not how to devote this most precious remedy to a more important use, they act inappropriately as they would do in applying a costly machine to a trifling bit of work. The wonderful and many-sided power of this drug shows a much brighter design for it than to bring a few worms from the intestine!"

A boy about fifteen years old was suffering with an excruciating pain in the left eye-ball. He said it seemed to be in the centre. It was a sticking, lancinating, burning pain, with an intolerable pressure, aggravated every afternoon. It had commenced at noon every day for ten days, lasting all the afternoon, and until nearly midnight, when he would sleep, and awake in the morning completely relieved, and remain so until noon. The last six days he had taken medicine prescribed by the *old* family physician (Quinine, three-grain capsules every two hours) without relief; in fact it was becoming more and more unbearable. It was his first trial of Homœopathy.

He said he had no faith, but he *could not stand the pain any longer*, and was willing to try any thing. I saw him when it was coming on, on the eleventh day, as severe as ever. He was walking the floor, holding his hand to his eye, and crying with pain.

A few pellets of Spig. 3x in one-third of a glass of water, teaspoonful at intervals of fifteen minutes, relieved promptly. He was free of pain before the first hour had passed, and it never came again.

RHUS POISONING.* (*Sulphur 200, One Dose*).

J. A. BIEGLER, M. D., Rochester, N. Y.

Rev. T. A. H.—Repelled eruption of Rhus poisoning. Legs, ankles, feet, toes enormously swollen. Skin distended as if œdematous, and spotted as if *eruption is underneath*, the eruption or spots showing through the skin. The disease is now in the cellular tissue. There is such terrible itching, *especially at night*, that he begs for anything local that may give him temporary relief, notwithstanding that it has been explained to him that his suffering is caused by that treatment. There is also a bursting feeling in the skin of the legs when standing. He has been treated in the past three months by numbers of physicians and druggists, from Montana to Rochester, with ointments and lotions, and when the doctors failed, the druggists were called into service to add a new deviltry and to continue his torture.

September 9th I gave him Sulphur 200, one dose, and Sac. lac. enough to last him a week, and he went on his way home to Vermont. September 19th he wrote me the following, giving result, and comments:

"Thanks, and thanks again, for a new pair of calves, ankles and feet. I took no medicine but what you so kindly and generously furnished me, and did not go to Dr. Sparhawk with your note until I had recovered enough to leave my bed, which was the sixth day after my "lame arrival" home. Anyway it was the sixth morning before I could stand up without the sharp pain caused by the descending blood, and that gave me a bursting sensation, as though the skin of my calves and ankles *must* burst, and spread my blood on the carpet. This sensation had afflicted me all the days before I saw you. As soon as I missed that feeling I got up from my bed, and have been about, as usual, for the past two days. Now the swelling has totally gone, and the sores are in a dry and healthy scab. Your medicine kept up a mild diarrhœa for five days and nights, the channel of exit for the poison, no doubt. After that I called on Dr. Sparhawk and gave him your note, and told him that

*Read before the Central New York Medical Society.

you said he would tell me the name of the magical medicine. He promptly did so and said that it was Sulphur the 200th potency!"

"Well, I have had a hard fight with the coarse world of mountains, oceans and tons of weight, all my life long, and debased by ideas so gross as these familiarities educate one in, it is a *desperately* hard thing to pursue and *apprehend* a physical force and potency as ethereal as the "200th potency" of a chemical affinity, and especially to actually *believe* that it can take *captive* so gross a mass as 160 pounds of a poisoned quantity of vigorous *hostile* flesh and blood, as was my body, and reduce it to compliance in six short days! As I told the doctor, "such an amazing fact ought to be written over the zenith in letters of light." I have read pages and pages of the claims of Homœopathists for these extreme attenuations, but thought either that they were mistaken, *or* that *what* they "doctored" was *not* the body, but the imponderable vital principle of life itself, inscrutable as such a mystery is. Once again in lively appreciation and gratitude, I remain, etc.,

T. A. H."

KALI BICHROMICUM IN DIPHTHERITIC CROUP.*

JULIUS SCHMITT, M. D., Rochester, N. Y.

In the afternoon of the 12th of November, 1885, I was called upon to see Fred B—, a handsome boy, of nine years of age, with blonde hair, blue eyes, and fair skin, and of a very amiable disposition. He is subject to attacks, commonly called "croup," which have usually yielded to home remedies, as goose-grease with vinegar, etc., employed by his mother. This time, however, he is croupy since night before last, and the above remedies, even supported by hive syrup, will not give him any relief. When entering the sick room, I noticed at once the characteristic diphtheritic odor and found the boy with a sharp,ringing, metallic cough and hoarseness, which did not allow him to speak above a whisper. Breathing was somewhat difficult, but he did not complain of any pain, except in his teeth, when coughing

*Read before the Central New York Homœpathic Medical Society.

(Lycop. Sep.) Inspection of the throat revealed sharply defined *fine brownish* diphtheritic membranes on both sides of pharynx, below the tonsils, near the entrance to the glottis. Healthy mucous membrane was not injected, but looked natural.

Submaxillary glands on both sides were considerably swollen, but more so on the right. A small and tense pulse of 120 beats. Skin moderately warm to the touch, and warm perspiration on forehead. Expectoration of tough white mucus, *which draws out in strings and is hard to detach from mouth.* Urine clear, but very little at a time, with frequent urging. Desire for *ale* and lemonade. He wants his mother with him all the time. The nature of the case did not admit but a prognosis "infaustissima;" in order, however, to reach a happier result, the strictest adherence to the rules of Hahnemann became an urgent necessity, and I resolved to follow them most scrupulously. At first I put down in writing all the facts I could possibly get and then selected the remedy, which covered the symptoms most completely.

Kali bichromicum c.m. one dose dry on tongue and Sac. lac. in water every two hours.

Diet consisted of oat meal, rice, corn starch and barley in the form of gruel. Ale and lemonade, for which he craved, were also allowed him. Fresh water ad libitum. Milk, which I proposed, he refused to take.

November 13th at 10 A. M. He complains to-day of pain in larynx. The mucous membrane of throat looks more inflamed; and the diphtheritic deposits are thicker and of a gray, felt-like appearance. Pulse 123, but softer; *he has, however, micturated but twice and voided each time a large quantity of urine. At 9 p. m. last night, he had a violent choking spell.* He sweats profusely on the head. *The submaxillary glands seem to be less swollen. He has no more desire for beer and lemonade,* but is *very thirsty and now relishes milk.*

Now the question arose, shall the dose be repeated? Or is the first dose still acting? There was the pain in larynx, the greater inflammation of the throat, and the thicker diphtheritic membranes. These new symptoms could be interpreted as manifestations of improvement, because the disease appeared now in the throat, where it is less dangerous; but might not the newly developed symptoms of pain in the larynx indicate a greater inflammation and an increase of exudation in that locality? The pulse was also higher. But there was the increase in quantity of urine, and a very slight diminution in the size of the submaxillary glands, both showing that the disease was leaving the interior and localizing itself in the throat, and should not the disturbance at 9 P. M. be considered as a medicinal aggravation? Certainly there was a doubt as to what to do. I gave, however, the remedy the benefit of the doubt and continued Sac. lac.

6 P. M. He was very feverish all afternoon, and had complained of *pains in his legs and chest*, until about three quarters of an hour ago, when he raised a great quantity of *yellow* mucus; since then he felt better and asked for his playthings. Breathing is easier; perspiration on head is gone; cough less metallic and looser; larynx less painful; pulse 114. Of course there was now no trouble in determining what to do, and Sac. lac. was continued.

November 14th, 10 A. M. He had a pretty good night, sits up in bed and plays. Cough is looser, but hoarseness the same; pulse 120. Blood and mucus were discharged from his nose this morning. Diphtheritic membranes the same, but surroundings paler. Still some toothache, when coughing. Submaxillary glands less swollen. Sac. lac.

November 15th, 10 A. M. He had a choking spell between two and three o'clock this morning (time of aggravation of Kali bichromicum). About 8 A. M. he raised a large quantity of *dirty gray* mucus and felt better since. Pulse 106. Bowels moved twice yesterday. Urine was voided in

sufficient quantity, and looks orange-colored and muddy. Tongue a little redder than yesterday. Membranes in throat the same. Cough since last night more metallic again. He wants meat and potatoe salad, which, of course, was refused, but beef tea was added to his menu. Continue Sac. lac.

November 16th. He slept all night. Tongue looks paler. The thick felty membranes have disappeared, and there remains but a slight yellowish brown covering at their seat. One normal stool. Urine orange-colored, muddy. Pulse 94. Cough still croupy, but hoarseness less. Continue Sac. lac.

November 17th. He is hungry. Pulse 84, irregular as if it would intermit at the fifth beat. Croupy cough, but voice clearer. Diphtheritic membranes the same. Two natural movements from the bowels since yesterday morning. Urine still thick, but yellow. He had quite a hard coughing spell at 2 1–2 A. M., followed by the expectoration of a considerable quantity of mucus; after this, sound sleep until morning. Continue Sac. lac.

November 18th. Had a very good night. There is still a very thin yellowish membrane on right side of pharynx; left side is free. Voice is much clearer; cough somewhat croupy. Urine clear and of natural color. Pulse 80, regular. *A fine pimply rash has appeared* on his back, which itches. Mother said the boy had a similar rash last summer on the same place, that disappeared of itself. Sac. lac.

On November 20th the patient was discharged and has kept well so far.

This case has been very instructive to me, and hoping that it might prove of some interest to others, I have given it as conscientiously as possible.

The following points I should like to emphasize, viz:

1. When the boy got better, an eruption, which he had had last summer, made its appearance, thus again confirming Hahnemann's theory of psora.

2. Toothache, when coughing, was cured by Kali bichr. a symptom which has been, so far, only noticed under Lycopodium and Sepia.

3. There were four medicinal aggravations, namely: On the 12th at 9 P. M., then in the afternoon of the 13th; again at 2–3 A. M. of the 15th, and at the same hour on the 17th. Now if one dose of a medicine can have such a thorough action in a diseased body, do you think that this same body could have withstood repeated dosing, without succumbing to it? I, for my part, do not. It is a hard thing to wait, especially in an acute, generally fatal disease, but it has to be done in order to achieve the highest results; and if every good Hahnemannian will have learned this indispensible part of the art of medicine and will have become a "Warte Doctor," as the late Dr. Hering used to call our revered Dr. Adolph Lippe, then, and only then, will our success become irresistible.

SOCIETIES.

PROCEEDINGS OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

The meeting was called to order by Dr. Young at 10 A. M., in the parlors of Dr. J. A. Beigler, Rochester, N. Y.

The following members were present: Drs. Young, Biegler, E. B. Nash, E. P. Hussey, W. A. Hawley, Charles Sumner, R. R. Gregg, R. A. Adams, Allen B. Carr, Stephen Seward, A. J. Brewster, L. B. Wells, C. W. Boyce, David Chaffee, Julius Schmitt, and among the visitors were Professor J. T. Kent, St. Louis, Mo., Dr. J. J. Alltman, F. P. Warner, J. B. Voak, of the Ontario County Society, G. C. Pritchard, Canandaigua, R. B. Johnstone, Pittsford, W. F. Clapp, Fairport, W. H. Baker, Medina, and S. G. Hermance, E. J. Bissell, Grant, Lee, Hoard, Brownell, of Rochester.

Committee on Credentials, appointed by the President, Drs. Sumner, Hawley, Nash.

Dr. J. T. Kent read a paper on the 16th Section of the Organon.

Dr. Schmitt moved that the paper be accepted, with the thanks of the society, and published by the consent of the author.

Dr. Biegler moved that a committee of three be appointed to look after the printing and publication.

The president appointed as such committee : Drs. Biegler, Wells and Hawley.

Dr. Gregg moved that the paper be published in the *Homœopathic Physician*, and the *Medical Advance*, and that the secretary furnish the papers.

The committee on credentials reported the following for membership : Drs. J. B. Voak, of Canandaigua, R. B. Johnstone, of Pittsford, W. F. Clapp, of Fairport, W. H. Baker, of Medina, S. G. Hermance and E. J. Bissel of Rochester. They were duly elected.

Dr. Gregg moved that Dr. Kent be made an honorary member of the society. Carried.

Dr. Gregg in eulogizing the paper by Dr. Kent, thought it was humiliating to Homœopathy that we had come together to defend dynamization. Dynamis is opposed by the materialistic Homœopath, but by giving it up we should be lost to the truth.

Dr. Biegler read a case of Rhus poisoning illustrating the dynamic force of the sick-making power.

Dr. Hawley.—The paper of Dr. Kent strikes the keynote of medical science. He makes his students realize the fact that a true homœopathic physician treats the imponderable force of man and not the body. We have no other explanation for the dynamic force of our remedies. Subjective symptoms are always preferable to objective ones. The allopathic school has given up the fight against Homœopathy. It is the homœopathic pretender that we have to battle against now. The only way to success is to adhere to the truth.

Dr. Nash.—People think the sickness is where the local trouble is, and dream very little that this is only the out-

ory of a generally diseased body; therefore they reason that a little medicine given internally cannot reach the local trouble.

Dr. Biegler related a case of poisoning by chromate of lead. There was continuous vomiting and the patient recovered quickly under a dose of Antimonium crud. m.m. He gave in this case, preference to the indicated dynamic force, over the indicated chemical reagents.

Dr. L. B. Wells.—In referring to the neglect of the study of the Organon in our so-called homœopathic colleges, said that it was the duty of this society to openly protest against this negligence.

Dr. Hawley.—Hahnemann says, contagion acts instantaneously and incubation is the period of taking up, before the body feels the first sign caused by this outside dynamic force. He also reported a case of aggravation produced by Aconite 3x, one patient being able to tell the name of the drug by the vomiting, which is always produced. Subsequent experience showed the patient's susceptibility to the drug in higher attenuated form, thus proving that results could be attained by the higher attenuations. In support of this he cited a case of swooning, caused in a lady by holding in her hand some musk hermetically sealed. It was afterward learned that the odor of musk always made this lady faint.

Dr. Gregg believed in Hahnemann's statement, that no action could be obtained from charcoal and salts below the 3x, and spoke of the result of Dunham's experience with Alumina in which the action increased as the trituration was carried up thus showing the development of the dynamic force.

Dr. Boyce referred to the Austrian provings of Nat. mur. in which no result was perceived below the 12x, a point where the existence of the substance is supposed to cease. This, he considered was conclusive proof of the dynamis.

Dr. Nash.—In provings with crude drugs we doubtless

get both the material and the dynamic effects but the purer effects are always obtained from attenuations. He thought it would be well to have all drugs proved in both forms.

Dr. Gregg referred to the statement in Prof. Kent's paper, that the dynamic force of the remedy must correspond as nearly as possible to the dynamic force of the disease. This he fully believed and wished to emphasize it.

Dr. Hawley asked if the action resulting from a crude drug was not due to its internal force, and is it not this force, and not the substance, that makes that drug what it is.

Dr. Gregg said, in speaking of the action of crude drugs that doubtless the soluble ones gave up their force quicker than insoluble ones, which held their force firm.

Dr. Chaffee. In proof of the susceptibility of people to the higher potencies, cited the case of one of his patients, who could invariably detect Sulphur 55m (Fincke) by the smell.

Dr. Johnstone reported having heard Dr. Hering say, that the more compact the substance in its natural condition, the higher the potency must be to get the effects. The power not being the substance, but that which held the substance (molecules) together. And in regard to the administration of the remedy, Guernsey recommended slowly dissolving the remedy on the tongue, followed by a slow inspiration through the mouth and a slow expiration through the nose. The fullest result being thus obtained.

Dr. Pritchard, not being a member, was allowed the privilege of the floor. He wished to emphasize the importance of single symptoms, and in support of his statement reported the case of a married lady who had suffered from stomach trouble for months. A sister had died of consumption and the rest of the family were feeble; the patient was reduced in flesh from 120 to 78 pounds. Having had a craving for salt and salty food for some time, he

prescribed Nat. mur 200, which cured the case. The patient claimed that she felt the action of the remedy throughout her whole body. The Doctor also spoke of the poisoning resulting from wounds made from toy pistols. He described the cartridges used on these pistols as being of two kinds, one a copper shell with paper wad, which is expelled by the explosion, and the other a square of paper with a drop of some explosive matter in its center. The wounds made by the first were caused by the paper wad, and in the second by the particles of the explosive substances coming in contact with the skin at the time of the explosion. The Doctor then reported a case of poisoning produced by each kind. The first being a boy who was struck upon the neck by the fragments of one of the cartridges, described as a small square of tissue paper with the explosive material in its center. A smarting sensation was produced, which was followed by swelling and eventually sweat broke out. These symptoms were accompanied by paleness of face, headache and nausea in the morning. Lachesis 200, was prescribed with immediate relief.

In the second case, where the wound was made by the paper wad, violent and continuous spasms resulted, followed by death. The wad of the cartridge was found imbedded in the wound.

Dr. Pritchard condemned the use of cartridges and thought their sale should be prohibited by law.

Dr. Gregg asked Dr. P—— if the skin was unbroken in the first case, and if it was his opinion that the effect produced was due to a poison in the cartridge. Dr. P—— replied in the affirmative.

Dr. Adams stated, that several years ago a number of cases similar to those reported by Dr. P——, occurred in Rochester and he was of the opinion that a fatal result followed in each case. He then proceeded to report one case that had occurred in his own practice. The wound was in the palm of the left hand and was made by the paper wad

before referred to. The case seemed to progress favorably and he had strong hopes of its recovery, but violent spasms set in and were followed by the death of the patient. Dr. Adams was of the opinion that the cartridge contained fulminate of Mercury.

Dr. Boyce moved that the secretary be directed to send 1000 copies of Prof. Kent's address to the profession. Carried.

Dr. Hawley presented a letter from Dr. Carlton of New York, in reference to the Board of Examiners of the State of New York, and offered the following resolution:

WHEREAS a bill to regulate medical examinations was introduced into the legislature last winter, which bill is unjust to that part of the medical profession who practice Homœopathy, in that it so constitutes the Board of Examiners that the old school regularly have a majority in the Board, and it requires students of Homœopathy to pass examinations before examiners confessedly ignorant of Homœopathy, and

WHEREAS, the same or a similar bill is likely to again be presented this winter, therefore,

Resolved: That this society is entirely opposed to said bill or any modification of it, which does not give the Homœopathic students the right to be examined in Materia Medica, Therapeutics, Surgery and Obstetrics by a Board composed of practitioners of Homœopathy.

Dr. Wells said that each member ought to see the Senator and Assemblyman of his respective district.

Dr. Schmitt read a paper on Kali bichromicum in diphtheritic croup, which was accepted by the Society and ordered published.

Dr. Boyce moved that the editors of the *Homœopathic Physician* be requested to send a copy of their paper to each member of this society who has not yet subscribed for it, and that the Secretary send them a list of the membership. Carried.

Dr. Hawley moved a vote of thanks to the Rochester physicians for the reception given to the out-of-town members. Carried.

Dr. Hawley also moved, as an amendment to the by-laws, that the annual meeting be held in March, at Syracuse, instead of in June. Lays over, according to the constitution, to the next meeting.

Dr. Biegler moved as a subject for the next meeting, the discussion of the 16th Section of the Organon in connection with the 11th Section. Carried.

Dr. Boyce moved that the Secretary be instructed to request Dr. Adolph Lippe of Philadelphia to furnish the society with a paper on the above subject. Carried.

Dr. Hawley moved that the next meeting be held in Syracuse on the third Thursday in March, 1886. Carried.

Adjourned at 5½ P. M.

JULIUS SCHMITT,
Secretary.

MATERIA MEDICA.

TABACUM: SOME GUIDING SYMPTOMS.

H. C. ALLEN, M. D.

Of American habitat, Tobacco belongs to the natural order Solanaceæ, that vast genus which gives us the deadly Belladonna, Dulcamara, Hyoscyamus and Stramonium on the one hand, and the esculent potato, egg-plant and the tomato on the other. The mountain goat and the tobacco worm eat the green plant, and the discovery of its narcotic properties by man has certainly been of doubtful benefit —we might almost say a calamity to the race. Although extensively proved in the crude, in the form of tinctures, clysters, local applications, injections, olfactions, chewing and smoking—the *Encyclopædia*, devoting 32 pages and giving 177 authorities as the basis of its pathogenesis—yet there is no drug in the Materia Medica whose careful proving with the attenuations will reap a richer harvest than Tabacum.

From its indiscriminate use, misuse or abuse, this valuable narcotic occupies a most anomalous position as a therapeutic agent. So many medical men are users of it in some form that they are prone to overlook its physiological effects as a disease-producing factor in the ailments of their patients, possibly for the reason given by Cowper:

"That all men think all men mortal but themselves."

As a natural result of this failure to recognize the disease-producing cause, there are many failures to cure otherwise curable affections, until a functional disturbance terminates in an organic lesion. For this reason we shall first consider the

ANTIDOTES.—*Narcotics generally palliate the symptoms they produce.* This rule is so universal that it might almost be considered a law. If the symptoms are palliated or promptly relieved by smoking a cigar or chewing tobacco, it is proof positive that they are to be attributed to the drug. The coffee or tea headache, neuralgia or nervousness are promptly relieved by a cup of coffee or tea. And so of all the rest. In my practice I have for many years found the potentized drug to be not only the best antidote for chronic tobacco poisoning, but very often one of the curative remedies. Furthermore, as in cases where patients are suffering from drug effects of Opium, the potentized remedy will act promptly either as the antidote or curative, even though the patient be saturated with the crude drug. As tobacco affects no two persons in exactly the same manner, it necessarily follows that there is no universal antidote for the constitutional effects of the drug. The symptoms must be antidoted as met with in each individual case by the simillimum. Tabacum 200 (Dunham), 500, or 1000 (B. & T.) is the remedy I most frequently use with which to begin the treatment of the chronic effects of tobacco; and usually with the most happy results. But it must not be repeated too frequently.

For the congestive headache from excessive smoking,

Belladonna, Glonoine; for the occipital headache from excessive use, Gelsemium; for constant nausea and obstinate vomiting, Ipecacuanha or Lobelia; for the bad effects of excessive chewing, Arsenicum; for gastric disturbances next morning after smoking, especially in beginners, Nux vomica; for attacks of violent palpitation, Lachesis, Phosphorus; for toothache, Clematis, Plantago; for dyspepsia, hepatic troubles, nervousness, neuralgia of right side of head and face, Sepia, Tabacum; for the periodic "bilious attacks" from moderate or excessive use of tobacco, Bryonia; for impotence from excessive smoking, Lycopodium, Staphisagria; Caladium, Belladonna, Plantago, Quassia and Tabacum 200 have, each in its place, relieved the terrible craving for it, producing in some cases complete aversion for months and sometimes for life. But whatever the antidote be, the use of the drug must be abandoned ere its effects can be permanently cured.

MODALITIES.—*Aggravation.* Paleness, coldness, deathly nausea and vomiting, worse from least bodily movement; palpitation, angina pectoris, attacks worse at night; all the symptoms and especially the head, by great heat, or a close, warm room; skin symptoms, by heat of bed; palpitation, lying on left side.

Amelioration. Open air, all the symptoms and especially the head; deep inspiration and weeping, the terrible apprehension and thoracic oppression; walking, the pain in back.

The symptoms occur paroxysmally, predominate on the left side, and like Pulsatilla and Kali bi., are constantly changing.

MIND.—Confusion of ideas; slow perception. Great difficulty in concentrating his mind for any length of time on one subject. Cannot listen to a lecture, or fully comprehend what he hears. Cannot study or read, or understand what is read. Despondent, gloomy, fearful, apprehensive of sudden death yet attempting suicide, and with this fear, anxiety, apprehension there is combined great cowardice or

timidity about any business undertaking, no matter how frequently he has transacted it before. Very forgetful. Cannot bear to be left alone night or day on account of anxiety. With each nervous attack, a terrible apprehension of sudden death. "From a bold, healthy, fearless man, he had become weak, nervous, irresolute, and as timid as a child." He is easily startled or thrown into a nervous paroxysm by any ordinary noise or confusion. An intoxicated feeling as from spirituous liquor is frequently complained of. Children often become idiotic.

Diseases which originate in cerebral irritation, followed by or attended with marked gastric symptoms as a consequence, not cause, find their true remedy in Tabacum if the symptoms correspond.

Dr. Guernsey says: "I have frequently prescribed it most successfully for those medical students, who had worked hard and smoked much while at their studies, but finally could not hear with comprehension nor study any longer." I have myself successfully prescribed it for similar conditions in patients who were not medical students.

No drug in the Materia Medica corresponds more closely with the condition of so-called nervous prostration or nervous exhaustion, brain fag, and loss of intellectual power among literary, professional and business men than Tabacum. The following case, taken from the *Encyclopædia*, Vol. IX, page 473,—the result of excessive chewing, smoking and snuffiing is not unfrequently met with in practice;

"From having been one of the most healthy and fearless of men, he had become sick all over and as timid as a girl; he could not even present a petition in Congress, much less say a word concerning it, though he had long been a practicing lawyer, and had served much in a legislative body. By any ordinary noise he was startled and thrown into tremulousness, and afraid to be alone at night. During the narrative of his sufferings, his aspect approached the haggard wildness of distemperature."

That Tabacum blunts the intellectual faculties, producing mental dullness and a general stupid indifference, is shown

by many observers, and smoking does this quite as, if not more, effectually than chewing. That it produces mental derangement, amounting to irresponsibility and complete insanity, has been denied by many writers, yet the unfortunate records of the asylums of Massachusetts and Pennsylvania, with the isolated cases reported from time to time in our periodical literature, appear to confirm the terrible fact. The despondency, gloom, anxiety, apprehension and fear of sudden death are characteristic.

HEAD.—While the symptoms of the mind are more characteristic of the chronic form of poisoning, those of the head mark with greater clearness the primary action of the drug. Here, too, we find the modalities running through the entire group and forming the "red strand" of the rope. *Desire for cold air, better in the open air, better out of doors,* is a condition constantly met with in affections of the head. (Argentum nit., Pulsatilla).

"Vertigo, excessive, so great cannot rise up, with deathly pale face. Head is so heavy it can hardly be held up. Headache with severe vertigo, worse in doors, better in open air."—*Hahnemann.*

Sick headache, beginning in early morning and gradually increasing, becomes intolerable by noon; greatly aggravated by light and noise, and attended with deathly nausea and terrible vomiting. I have relieved, permanently, many cases of sick headache in ladies by antidoting tobacco and prohibiting smoking in the house.

"I always think of tobacco for total loss of consciousness, or coma attended with extreme palor and cold sweat; pulse small, weak, almost imperceptible."

"Persons attacked with weak, faint spells fall to the ground, nearly or quite unconscious, break out with cold perspiration, and become deathly pale. They are picked up and resuscitated, when sooner or later the same scene recurs."—*Guernsey.*

"Bilious headache;" the head feels heavy, stupid, dull; constant vertigo on motion; confusion of mind so that mental labor is almost impossible; great weakness, bad taste, loss of appetite, constipation.

EYES.—The effect on the organ of vision is pronounced, and though occulists are not united in the exact symptomatology of the affection, they agree that it produces various forms of defective vision, chiefly of a functional character. Amblyopia and amaurosis are the two most common variations from the normal standard. The eye is listless, heavy, loses its brilliancy, deeply sunken in the orbit. The globes are injected, cornea vascular, dim and covered with mucus, must wipe it frequently. Confused sight, double vision, widely dilated pupils, and quite insensible to light of candle held close to the eye. Vision dim, indistinct, almost amounting to blindness. Dr. Hutchinson's numerous examinations (London Hospital reports, 64) reveal the following conditions common to all cases:

"White or gray atrophy of the optic nerve, commencing at the outer part of disk, usually with a sharply-defined margin, and with diminishing size of retinal vessels; in a few cases neuritis, with indistinct outline of disk. In some cases the centre of disk was found depressed and atrophied. The left eye was first and most affected in nearly every case. Vision failed suddenly in a few, rapidly in many, while in others the course was fitful. Some had flashes of light, others fog, but the majority had simply indistinct vision. As the atrophy advanced, the pupils dilated and became insensible to light."

De Wecker says, tobacco and alcohol combined cause amblyopia, but he is not convinced that the evidence is clear on tobacco alone. Yet a tobacco amblyopia is recognized in all modern text books on the eye.

The symptoms and evidence of its effect on vision might be indefinately extended. My object is to direct the attention of the general practioner to the fact that in all cases of defective vision in tobacco-users he should carefully scrutinize the case and compare the symptoms with the pathogenesis of the drug. If satisfied of the possibility of the cause, try the antidotal action of the potentized drug before relinquishing the case as hopeless or turning him over to the allopathic oculist. Tabacum 200 will sometimes clear up the eye like magic.

EARS.—Red and burning hot. Sensation as if something closed the ears. Nervous deafness. Sensitive to slightest noise. Neuralgic earache. Roaring, rushing, hissing, ringing in the ears, all cleared up by going into cold air. (Compare Quinine). Also very often cleared up rapidly by smoking a strong cigar in those accustomed to the use of the weed.

NOSE.—Epistaxis in smokers. Catarrh. Coryza. Continued paroxysms of sneezing for weeks, with a *crawling* sensation in nares (sensation of squirming in nostril as of a small worm, in hay fever, Nat. mur.). It is simply impossible to cure the catarrhal affections of tobacco-users without antidoting the drug or securing its discontinuance. I have found Tabacum very effective in some cases of hay fever. I have relieved some severe cases of epistaxis in business men of sedentary habits by the use of the indicated remedy—very often Tabacum 200. When the attacks occur early in the morning, from 3 to 6 o'clock, hæmorrhage profuse, bright red, accompanied by vertigo and fainting, Tabacum is followed well by Nux vomica or Bryonia. The olfactory function is often seriously impaired and sometimes entirely lost.

FACE.—The Tabacum face is always characteristic. *It is pale, deathly pale; often cold, collapsed and covered with cold sweat.* (Compare Ver. alb.). The features are pinched, drawn, distorted; eyes deeply sunken and surrounded by blue rings, and terrible tearing neuralgic pains in bones of face and teeth.

MOUTH.—The lips become dry, sensitive, cracked or swollen, and often pale and bloodless. According to Leroy d' Etiolles, cancer of the lip is found in twenty-seven out of a hundred tobacco smokers in men, and one and a half in a hundred among women.

The saliva is increased and the taste perverted. In the morning the tobacco user complains of *a bad taste*, or it may be flat, slimy, bitter, like rancid oil. He is sure he is

"bilious," and this condition is often a precursor of "a bilious attack," the direct effect of the drug.

For these symptoms of the lips and mouth and the "bilious attacks" of tobacco-users I have found Bryonia the most frequently indicated and effective remedy I have ever used. Dr. Guernsey says:

"I have cured many of these cases with Bryonia, which I know is a great antidote of some forms of tobacco poisoning."

Dunham says;

"For the bilious attacks so common in persons who have for many years been accustomed to take frequent doses of Calomel or blue mas for headache and biliousness, Bryonia is, in the majority of cases, the remedy. If early resorted to, it will break up the attack; and a repetition rarely fails to destroy a tendency to its recurrence."

It is for this "bilious condition," the result of direct drug action, of tobacco proving or tobacco poisoning, that Bryonia is so effective when it corresponds to the case.

The mouth is often full of tenacious, viscid mucus, which sometimes extends to the throat; it is difficult to detach, yet must be frequently expectorated, and causes a constant hawking. The pharynx is dry as if burnt, and there is a sensation of rawness and constant scraping.

Teeth become stained and dirty; violent drawing, rending, jumping toothache, which becomes intolerable. Caries of the teeth. For this tobacco odontalgia, Clematis or Plantago have done the best work for me. The latter is characterized by the most intense nervous restlessness, which has served to distinguish them.

STOMACH.—Appetite may be greatly increased with constant, craving hunger and nausea if the hunger be not satisfied; or, what is still more frequently found, a diminished appetite with disgust for food. Eructations of food in mouthfuls; hot, sour or bitter fluids; loud, noisy incessant belchings. There is a sensation of coldness in stomach like Calcarea, Camphor, Colchicum; a weakness, faintness, sinking and relaxation at pit of stomach.

Nausea and vomiting as soon as he begins to move; vomiting of pregnancy in morning on first waking; sea-sickness, deathly paleness, coldness, worse from least movement, better on deck in open air. The gastric symptoms usually are promptly relieved by smoking or chewing, but patient "knows it is not caused by tobacco because a cigar affords such prompt releif."

ABDOMEN.—Severe colic pains in paroxysms; loud and constant rumbling of flatulence; tympanitic distension. Pains are aggravated by eating, yet he is so hungry he must eat. Painful contraction of abdominal muscles in paroxysms; retraction of navel.

STOOL.—Alternate constipation and diarrhœa. (Nux, Op. Verat.) Morning diarrhœa, sudden and painless, watery, (Aloe. Sulph.); papescent, green or yellowish-green slimy stool, sometimes with tenesmus and often with large quantities of flatus (Aloe).

Cholera morbus; characteristic stool and vomiting; body and extremities cold and bathed in cold sweat; abdomen hot, cannot bear any clothing on abdomen; fainting, sinking, collapse (Secale).

The cholera morbus attacks of tobacco are as liable to occur in winter as summer, and appear to be an aggravated form of the periodical "bilious attacks." Tabacum 200 usually affords prompt relief when Veratrum and other remedies fail. Obstinate constipation; stool in hard round balls and evacuated with great difficulty (Opium and Plumbum). Opium 200 often cures the tobacco constipation.

URINE.—Profuse, watery or high colored and scanty. Renal colic: terrible pains along course of right ureter (Lyc.—of left side, Berb. Kali c.); with deathly nausea, pale face, fainting, cold sweats and great exhaustion. I have found Berberis or Tabacum the remedy for this nephritic colic. If a tobacco user, I first give Tabacum.

HEART. PULSE.—Its action in the cardiac region is very pronounced. On the central organ of the circulation and

on the muscular coat of the large arteries the chief force of the drug seems to be expended. Here it destroys the elasticity of the muscular walls and as a consequence renders them liable to aneurismal distension. Many of the cases of sudden death in tobacco users occur from heart collapse or rupture of an aneurism. The irritable heart is often subject to attacks of violent palpitation, suffocation, faintness at night when lying on left side; is relieved by turning to right.

Angina pectoris; sudden precordial anguish; attack usually at night; legs tremble, cannot walk with angina pectoris. Pulse; may be full and quick; small, weak and irregular, intermittent; soft, feeble and extremely slow.

Dr. Troitski contributes the following conclusions to the *Annales d' Hygiene*:

In non-smokers of average constitutions, the mean temperature of the twenty-four hours amounts to 36.76° C. (or about 98° F.), and the pulse-rate, 72.9. In smokers the temperature reaches 37.02° C. (98.6° F.), and the pulse-rate 89.9. Tobacco-smoking, therefore, raises the temperature .26° C., and the pulse-rate 16. In persons of feeble constitutions the temperature rises .43° C., and the pulse-rate 11.9. Taking a mean, tobacco may be said to raise the temperature 29° C. (nearly 1° F.), and to increase the cardiac pulsations by 12.7. Representing the normal temperature at 1000 in non-smokers, it rises to 1008; and, whereas the pulse of the former may be taken at 1000, that of the smoker is 1180. It is by increasing cardiac pulsations that tobacco has such an injurious effect on some constitutions.

Tabacum is most frequently indicated in commencing the treatment of these heart troubles, is followed well by Digitalis, Gelsemium, Arsenicum or Convalaria, but these cases can never be permanently cured until the cause be removed.

SKIN.—Eczematous and herpetic eruptions on various parts of the body, especially on the extremities, groin or perineum. The eruption is greatly aggravated by warmth of bed, *is compelled to throw off the clothes because the heat of bed becomes intolerable* (like Mercury, Secale—reverse

of Arsenic). Herpes and eczema are often produced by excessive use of tobacco. I have relieved some terrible cases by detecting and stopping the cause.

Dr. H. N. Guernsey relates the following cases:

About ten years ago a gentleman from Washington called on me. He was utterly unfit for business; thin, weak, had no appetite; slept badly, had no confidence in his abilities, and could find no one to help him. He had been a great smoker of tobacco, but now smoked very little; did not care for it much. A few doses of Tabacum made a new man of him in every way in a very short time. For over nine years past he has enjoyed perfect health, and is conducting an immense business.

Recently an aged gentleman called on me to obtain relief from an intolerable itching in his legs. He had been for years a great tobacco chewer. This rash has troubled him much at night for years; the only relief obtained is to lie with his feet and legs uncovered. The cold air stops the itching. Tabacum 200 quite cured him for a long time, but he would not stop chewing, and the red, itching rash has returned.

COCA AND COCAINE.

DR. A. LORBACHER, Leipsic, Germany. Translated by S. LILIENTHAL, M. D., New York.

The frequent use of this new fashionable anæsthetic which so many offer as a never-failing preventive of pain, showed that in some cases some rather dangerous symptoms followed. The reports of manifestations of poisoning increase, and it is our duty to study them, as they offer a contribution to the physiological action of Coca, and may give us hints to its homœopathic application.

The symptoms of poisoning mostly observed in cocainizing nose and throat are: Sensations of coldness over the whole body, with abnormal paleness; more or less dizziness; nausea and vomituritions; tremors; apathy; somnolent state with open eyes; inappetency, though the time for the regular meal has passed long ago; inability to walk with the characteristic symptoms as if the legs did not belong to him. In some persons, who used it instead

of morphine, hallucinations, maniacal fits, increased reflex activity, muscular tremors appeared.

Breigen, of Frankfort, made provings on himself and his wife, and introduced into the nostril of each side three or four drops of cocaine mur. sol. His wife soon complained of sensation of coldness; soon increasing to a genuine chill; a feeling of intoxication; at first good humor followed by depression; nausea in throat; staring eyes with suffusion; inability to collect her thoughts; difficulty of speech; and though the numbness in throat disappeared and she could swallow again; sleeplessness and restlessness during the whole night, with some sleep after four in the morning; unsteady walk, must be supported; disgust for all food. All these symptoms, though weaker, lasted during the following day, especially the paretic sensation in the legs. In the gentleman the symptoms were the same, though less pronounced. The dose, applied about 6 P. M., was a small one—0,032 for the doctor, and 0,048 for his wife.

Coca.	*Cocaine.*
GENERALITIES.	
Great lassitude and flabbiness during the first hours of forenoon.	Paretic weakness in all extremities, apathy, somnolent state with open eyes.
An exhausted state the whole day.	Gait unsteady; needs support.
Dullness and apathy: gait unsteady, as if drunk.	Sensation as if the legs do not belong to him.
SLEEP.	
Sleeplessness, with desire to work the whole night through. Sleepless till 2 A. M., followed by perspiration, rest and sleep.	Sleepless and restless the whole night, falls asleep after 4 A. M. Falls asleep five hours after going to bed.
Great restlessness, malaise and sleeplessness the whole night.	
FEVER.	
Fever and great malaise, ameliorated in the afternoon by wine.	Chilly sensation increased to a regular chill; paleness over whole body.

MENTAL SYMPTOMS.

Feels pleasant and in good humor the whole evening, followed by apathy, dullness.

In her drunken state, at first jolly, then depressed; cannot collect her thoughts.

HEAD.

Rotating vertigo, especially mornings, when ascending or moving about.

Vertigo, even when sitting.

EYES.

Hollow, lustreless eyes, surrounded by deep, violet, brownish circles.

Staring eyes with dull vision.

THROAT.

Sensation of dryness in throat, which feels swollen, with difficult swallowing.

Swollen uvula, without redness, the whole evening.

Sensation as if something had to be removed from the throat, but, not succeeding, vomituritions follow.

Numb sensation in throat.

Sensation of nausea in throat.

Cannot swallow; speech difficult even when he could swallow again.

APPETITE AND TASTE.

Loss of appetite, disgust for animal food at dinner; feels easily satiated.

In spite of great hunger and good appetite, has soon enough.

Disgust for all food; no appetite.

Does not feel hungry, though the dinner hour passed long ago.

Loss of appetite after hypodermics.

GASTRIC SYMPTOMS.

Vomituritions; vomited twice, and in the vomited matter could taste the leaves.

Nausea after breakfast.

Vomits twice in the evening, water and mucus.

Severe vomiting of mucus fluids.

Nausea and vomiturition; vomiting.

Bienge reports in Lehander's Monats-Blatt fur augenheilkunde, 33, 402, three cases, where after using a three per cent. solution of cocaine into the eye for cataract operation

a defect of epithelium in the cornea took place, so that the operation had to be deferred, and, bandaging the eye cured it in a few days. In a fourth case, he saw six days after its use, a vesicular keratitis, which took several weeks for its removal. In six cases of cataract operations he witnessed a few days afterwards parenchymatous dullness of the cornea, for which the cocaine was responsible. In an old lady of 75 years the dullness was so great that vision was nearly entirely abolished.

Heymann reports at the meeting of the Berlin Medical Society (B. K. W. 48, 1885) that Blumenthal demonstrated in an adult, in whom he made two hypodermic injections of two ctgz. cocaine mur.: increased reflex irritability, muscular tremors, slight mydriasis and vertigo. He felt as if his legs did not belong to him, but walked fairly well, all of which passed off after ten minutes. Smidt and Back report: increased reflex activity, hallucinations and maniacal fits and obstinate agrypnia, and hallucinations after its use.

A healthy boy of 9½ years suffered from extensive papillomata in the larynx. As they grew very fast after extirpation, Heymann concluded to cocainize thoroughly the fauces and larynx with a 20 per cent. solution. After having used about one gramme the patient complained of vertigo and nausea. As the fauces and larynx were anæsthetic the papillomata were rapidly removed, but before it was finished the patient began to move to and fro in his chair. He was put on a lounge where he laid for five hours in an apethetic, somnolent state. When addressed he responded clearly, but hesitatingly, and his features looked as if he were astonished about something. His gait was tottering and he had to be led. He had no pain, but still he did not feel well. Though dinner hour had passed he had no desire to eat. Pupils were not dilated and reacted well to light. He could read without trouble. The cornea and

external skin normally sensitive to the touch. Pulse somewhat increased, about 100 beats, full and strong; breathing 30, temperature 38.2. After five hours he could not walk at all. Gradually breathing and temperature were reduced and he could be brought home. Put in bed he slept five hours and then wanted something to eat. Next morning he failed to recollect anything of the previous day.

Dr. Litter considers the subcutaneous use of cocaine rather venturesome, as it acts on the circulatory apparatus, increases blood pressure and the action of the heart, therefore also a diuretic. In consequence of this action the patient feels immediately after the injection a sensation of heat, which in some increases to a prickling or even burning sensation. Subcutaneous injections also cause a dryness in the throat which is felt very disagreeably, and the excessive dryness of the mucous membrane of the fauces and throat is so great that it takes away all desire for food.

A. H. Z., 23 and 24, 1885.

HOMŒOPATHIC ASYLUM, MIDDLETOWN, NEW YORK.

September 30, 1885, closed another fiscal year of successful management of this asylum for the insane. The statistical record for the year shows the following:

Number of patients at the Asylum October 1, 1884	282
Number of patients admitted during the year	204
Whole number treated	486

There were 131 patients discharged, of whom 66 were cured, a percentage of 50.38, the largest percentage yet attained during any year's record of the asylum. The death rate on the whole number treated is 5.5. Eight of the 27 deaths occurred within three weeks after admission, and were absolutely hopeless from the outset. Deducting these brought to the asylum in a dying condition, the rate of mortality would be about four per cent., a most exemplary record.

GYNÆCOLOGICAL.

THE LŒWENTHAL THEORY OF MENSTRUATION.

[A paper read before the Detroit Obstetrical and Gynæcological Association.]

It has generally been considered that menstruation was brought about by the rupture of a Graafian follicle, or *vice versa*. These, or some deviation from these theories, have been accepted by most writers in all countries. Lately, Beigel‡ has claimed that ovulation continued uninterruptedly at all times and was independent of menstruation, and the latter would, if anything, assist the rupture of the Graafian follicles, but that the latter would have no influence on menstruation. These theories and modifications of theories prove that our knowledge of the wonderful physiological process of menstruation and ovulation is still imperfect, that we have little knowledge on the question—it is really all theory.

Lately, Lœwenthal§ has brought forth entirely new views, and has substantiated them with such an array of plausible arguments that we might well consider them. I have, therefore, made a free translation, and in this paper only can touch on a few of the principal points made. He starts out with what are accepted as facts by all medical men, viz.

1. Menstruation recurs periodically. It is marked by an individual periodicity. Any deviation from the ordinary rhythm (due to strong psychical influences, changes of the mode of life, etc.) will, in a short time after removal of the cause, return to the special normal periodicity.

2. The kind and duration of the flow is different in different women.

3. Anatomical and physiological changes take place in the mucous membrane of the uterus:

‡ Path. Anat. d. weibliche Unfruchtbarkeit.

§ Archiv Gynækologie, Band 24, 1884.

(*a*) There is a thickening of the mucous membrane, which commences about ten days before the menstruation, and is analogous to decidual formation in the early stages of pregnancy.

(*b*) During the flow disintegration of the outer layer of the mucous membrane takes place, which is completed in ten days.

(*c*) The swelling of the mucous membrane at first takes place especially in the outer layer, and affects the lymph vessels which are dilated, and not the blood vessels; the latter only enlarge at a later period, that is, just before the flow commences. *Congestion does not cause the thickening of the mucous membrane.*

(*d*) The increase in the thickness of the mucous membrane is confined to the body of the uterus; the cervix is not involved.

(*e*) The other sexual organs, and the system in general, are influenced, more or less, by the menstrual process. The ovaries (one or the other) increase in size, due to a ripe Graafian follicle ready to burst. This does not take place during the time that the membrane swells, but at the time of the flow of blood.

During the menstrual process we have first infiltration and swelling for ten days, then hæmorrhage for four to five days, and finally return of the normal, restitutio ad integrum, for four to five days, the whole process occupying about twenty days. The infiltration and swelling must, under all circumstances, be looked upon as the primary impulse, as the flow of blood can only take place after the former has existed for some time.

As the different theories do not explain the many phenomena of menstruation, especially the two factors: that the congestion and hæmorrhage cause the rupture of a Graafian follicle, or the latter causes the hæmorrhage, we must hence conclude that a third factor plays an important part, and that this third factor is the product of ovulation, the unimpregnated ovule.

The whole menstrual process might be considered as follows:

1. The Graafian follicle ruptures and the ovule passes down into the uterus.

2. In the first appropriate fold of the uterine mucous membrane (generally near the mouth of the tube), the ovule is imbedded, and causes by its presence a swelling of the mucous membrane: that is the menstrual decidua.

3. If the ovule becomes impregnated the menstrual decidua is developed into the true decidua of pregnancy.

4. If in a certain time, which represents its vitality, the ovule is not impregnated, it dies and thus causes congestion and disintegration of the menstrual decidua, that is the menstrual flow.

5. The congestion reacts on the cause of its origin, the ovaries, and brings about a rupture of a follicle which in the meantime has ripened. (This does not exclude any other cause which might bring about menstrual congestion, as a cause of a ruptured follicle.)

This view not only explains all contradiction, but also solves many doubtful questions in a satisfactory manner.

The basis of this view is:

1. That the unimpregnated ovule becomes imbedded.

2. That after this imbedding (and only then) it has a certain limited individual life power.

Many objections might be urged against this theory. Some authorities claim that impregnation always takes place at the ovary and that extra-uterine pregnancy tends to prove this, but as extra-uterine pregnancy occurs once in ten thousand cases, the chances are ten thousand times greater that impregnation does take place in the uterus. Gerbe-Coste have claimed that the ovules of a rabbit are covered with an albuminous layer as soon as it leaves the fallopian tubes and that this layer prevents the passage through it of spermatozoa, consequently impregnation can take place only in the tubes. This layer may disappear

later, however, as we know that nature, instead of preventing impregnation by such means, always furnishes aids to facilitate impregnation. Nor can we assume that a human being can be compared to the lower animals, but that a fundamental difference exists. The lower animals have one or two rutting seasons a year, and their power to multiply is limited to this time. The human species is always ready to impregnate or become impregnated. The rutting season of animals depends on the duration of pregnancy in every species, and is always at such a time that the birth of the young takes place when there is an abundance of food. With man this is not necessary. He is independent of seasons. Male and female animals are in heat at the same time, the ovule and the spermatozoa are supplied at the same time; no social obstacles exist; the female, ready for impregnation, is impregnated at the time. In the human species man certainly has no period of heat, and the ripe ovule is not brought immediately in contact with spermatozoa—if the power to propagate the species is not to be reduced to a minimum it is necessary that one or the other components of reproduction must have a longer life power, so that impregnation can take place at any time.

The female element has the undoubted advantage as it furnishes the egg, the material to build up an embryo, while the semen is only a secondary factor, which merely starts the development of the ovule. Everything tends to prove that the ovule which is not immediately impregnated, must have an equal, if not a longer life power than the semen which is deposited in the genital parts. The two components of the future embryo not being present at the same time, and impregnation being possible at all times, it follows that *one must wait for the other.* The ovule being the larger, and placed on a soil which it needs for its future growth, is therefore probably the component part which waits for the other, as the spermatozoa are soon destroyed when removed from the spermatic canal. If the ovule has

to wait for the spermatozoa, it can only do so in the uterus, as it is forced there, not having power to move of its own accord, whether impregnated before reaching the uterus or not.

It being, therefore, probable that the ovule is imbedded in the uterus, the action of the spermatozoa in the genital tract would seem to positively prove it.

In the lower anima s it has been proven that the spermatic fluid passes through the tubes, but this is certainly not the case in a human female, as the fluid would have to pass through both tubes and the spermatozoa remain intact, in some cases for twenty days, until an ovule should come. Impregnation can take place at all times, as has been proven. If the spermatozoa could remain alive and intact, they could readily be found, but never have been, in the human female, except in the uterus. If impregnation takes place in the tubes, it would be possible to find spermatozoa at all times in every cohabiting woman; this not being the case, impregnation must take place in the uterus. It might be asked why the unimpregnated ovule is never found in the uterus (except in the case of Hyrtl)? We might answer, that there *never has been a systematic search for it.*

Lœwenthal's question, why pregnancy does not occur after every act of coition, can readily be answered. All cases of sterility in man and woman must be excluded, also when efforts are made to prevent pregnancy; and, furthermore, the spermatozoa do not always enter the uterus; and also in some cases the ovule has just reached the stage of decay. If pregnancy does not occur after every act of coition, we can only say it is a deviation from the normal condition; the why cannot always be answered—no more than we can explain the causes of death by shock.

It is thought by Coste that impregnation takes place at the ovary, and he cites extra-uterine pregnancy to prove it. This is certainly wrong, as it really proves the contrary, being a rare and abnormal form of pregnancy. The pas-

sage of the ovule must be arrested, the spermatozoa must pass through the uterus and into the tubes, and then with diminished vitality the latter must impregnate the former. The Graafian follicle only ruptures at the latter part of the hæmorrhage; therefore, the act of coition must take place during menstruation. All these factors prove how seldom the ovule and vital spermatozoa meet in the tube, and hence why extra-uterine pregnancy must be of rare occurrence. If impregnation took place at the ovary, or in the tubes, the latter (as has been found) being often diseased, extra-uterine pregnancy would be of frequent occurrence.

As it has been proven that coition can be fruitful at any time during two menstrual periods, and as a union of the two component parts must take place, and as each appears at different times (even separated by quite a number of days), it is necessary that *one component must wait for the other*. As the spermatozoa, from analagous reasoning and positive proof, cannot be the waiting part, it must be the ovule which waits for its partner; and this can only be possible, according to anatomical and physiological laws, if the ovule becomes imbedded at that place (be it normal or abnormal) where it afterwards will develop.

The vitality of the ovule after imbedding is beyond a doubt. In the lower animals the vitality exists for several days. Thury's hypothesis, which has been proven in cattle as correct, proves that the ovule has a certain extra-follicular vitality. What right have we to limit this vitality of the human ovule to three, five or twelve days? None whatever.

The periodicity of menstruation is typical of the human race. This was always assumed to show the ripeness of the ovule, and as it is probable that the ripening takes a certain equal length of time in each woman, only one ovule must ripen at the same time. But the very opposite is the case; the ovary of every woman will show numerous ovules in different stages of development, and which must neces-

sarily reach the period of ripeness at different and irregular times; consequently they cannot be the cause of a periodic recurring menstruation.

The extra-follicular ovules have vitality for some time, how long we do not know, but it cannot be too short. As pregnancy can occur at the very end of the intermenstrual period, therefore this vitality of the ovule must exist during this whole time. If we consider the formation of the menstrual decidua, only found in the human species, due to the imbedding of the ovule, then menstruation must indicate the death of the ovule and decay of the menstrual decidua.

The so far unexplained cause of the periodicity of menstruation is found, instead of being due to ripening of numerous ovules, which develope without any definite rule, we have only to consider the life power or vitality of one perfectly formed individual cell (ovule). The individual variation can also be thus explained as showing the constitutional power of the individual, while the general periodicity shows that of the species.

Pathological varieties also tend to prove the correction of the theory, if, for instance, menstruation recurs at short periods, in women who are weak from any cause, it was always assumed that the ovule ripened sooner; which is a wrong assumption, as in a weak person the development of the ovule ought to be retarded. If, however, we say that in a weak person the ovule is weak also, and dies sooner, we readily explain the cause of frequent menstruation in debilitated women.

Although the rupture of a Graafian follicle is spontaneous, still there may be some exciting cause. Any congestion of the pelvic organs (as during coition) may cause rupture of the Graafian follicle during the intermenstrual period, as has been proved by Ritschie, Leopold, etc.

But ovules at this time may not pass through the fallopian tubes, and if they do, will find in the uterus no proper soil for their development, as the preceding ovule has be-

come imbedded. If, however, the second ovule should really become imbedded, which can rarely happen, and impregnation takes place, we have those rare cases of twin pregnancy with separate amnion and chorion.

The following conditions are necessary for the imbedding of the ovule and the next menstrual process:

1. The ovule must be perfectly ripe.

2. It must pass from the follicle at a time when it has the best chance to soon reach the uterus through the fallopian tubes during menstruation.

3. The place of imbedding must be ready and prepared to form the menstrual decidua.

If these conditions are not present the next menstruation will be abnormal. To this category belongs amenorrhœa.

1. No ripe ovule is developed, or it is of diminished vitality, and consequently is not imbedded, or if imbedded, after a few hours or days it dies and a real menstrual decidua has not been developed, consequently no hæmorrhage takes place. If during the short time while the ovule is in the uterus, spermatozoa should enter, pregnancy might take place, which explains those rare cases of pregnancy occurring during amenorrhœa. During lactation the absence of or weak ovules would explain the absence of menstruation, and the occasional occurrence of pregnancy at this time.

2. If during menstruation from some cause no ripe ovule is present, none can be imbedded, no menstrual decidua is formed and the next menstrual does not appear. The menstrual congestion which aids the development of the Graafian follicle and ripening of the ovule being absent, the ovules are weak, do not become imbedded, or if they do, die in a short time. The amenorrhœa continues until a strong healthy ovule is again imbedded, which then dies and causes the menstruation. This also explains why pregnancy can occur after long-continued amenorrhœa.

3. If the healthy ovule is formed and passes into the uterus, the latter does not allow its imbedding, on account

of severe endometritis, profuse secretion, etc. The physiological amenorrhœa during pregnancy can be readily explained in the same manner, the uterus is occupied, and if during persistent development of ovules, one should be really imbedded, and become impregnated, we would have a case of twin pregnancy, where one fœtus is fully developed the other imperfectly; or a case where one child is born a few weeks or months after the other. In some women, also, there is no tendency to hæmorrhage, they have ovulation, but no real menstruation; they have instead a recurring leucorrhœa, so-called "white menstruation."

Cases occur where two or more causes are present to prevent imbedding of an ovule, and to cause amenorrhœa.

Anomalies of menstruation, such as profuse and irregularly recurring hæmorrhages, can be readily explained, as they have no connection with menstruation at all, in fact, often occur during amenorrhœa, and are due to other diseases (tumors, ulcers, displacements, etc.)

The following points also go to prove the correctness of the view that the ovule becomes imbedded, etc.:

Many observers have recorded that young girls, some four weeks before the first appearance of menstruation, have all the nervous symptoms, which are found later with every recurring menstruation. A ripe follicle has burst, the ovule becomes imbedded and in four weeks causes the first menstruation.

Immediately after childbirth ovulation and imbedding may take place, as is proven by the occurring of pregnancy a few weeks after childbirth and before the recurrence of menstruation. The irregularity of menstruation before the climacteric period, only proves the theory as the ovule does not have the same extra-follicular vital power, and the thickening of the albuginea prevents, often, rupture of a Graafian follicle.

The experiments of Lawson Tait have caused him to conclude that the anticipated climacteric period *always occurs*

with certainty when *both tubes are removed.* This goes to prove the correctness of the Lœwenthal theory, as no ovule can get into the uterus, even if a third ovary exist, or some ovarian stroma remains behind, and consequently menstruation cannot occur.

The well founded fact that impregnation is most liable to occur immediately after menstruation, also tends to prove the correctness of the theory, as the further removed from menstruation, the ovule possesses less vital power and pregnancy is not so liable to occur.

The observations of Raciboski and Gubler on the influence of different diseases on menstruation, show that grave acute diseases would have no influence on menstruation if commencing just before the expected period, but might hasten its appearance; but if the acute disease made its first appearance immediately after menstruation, the latter would not recur. This can be explained as follows: If the menstrual decidua is well formed, it will die and cause the menstruation; but if not well developed, it will disappear without causing a hæmorrhage. The ovules occurring during severe diseases, not having sufficient vital power, do not become imbedded, and menstruation cannot occur.

Post-mortem examinations of non-menstruating girls and old non-menstruating women often show that a Graafian follicle has ruptured a short time previous. This simply proves that ovules escaped which did not possess extra-follicular vitality—that is, never became imbedded.

If Ritschie, Leopold and Slaviansky have found that follicles rupture during the intermenstrual period, we can explain it readily. Menstruation is not the only cause of a rupture of the Graafian follicle, although it materially hastens the ripening of follicles; but menstruation is periodic and independent of ovulation, due to the death of the imbedded ovule.

The menstrual decidua, its situation, and similarity to the decidua of pregnancy; the occurrence of pregnancy during

the intermenstrual period; the prodroma of puberty, etc., are all explained by this theory of menstruation.

The theory of Lœwenthal leads him to conclude that menstruation is not physiological, but pathological, and not necessary to health; that menstrual blood is normal blood and does not contain any poisonous substance that must be eliminated from the system; that in amenorrhœa, emmenagogues are useless or harmful, as some constitutional disease (chlorosis, hysteria, etc.) causes amenorrhœa, but the latter causes no disease itself. Amenorrhœa simply indicates some disease of the system, and should be looked upon as a powerful *aid* to reinvigorate the body, not be *fought as a foe.* A woman is not healthy because she menstruates, but in spite of it. He does not want to stop all women from menstruating, but simply suggests a reform in the treatment of the disorders of menstruation. He reports cases of chronic invalids with pain and nervous disturbances after menstruation, which had been subjected to all kinds of treatment without benefit, until he lessened menstruation by quiet and hot water injections, with wonderful result. The cases all recovered, although he checked menstruation so much that only two drachms of blood were lost.

The object is to diminish the hæmorrhage as much as possible; it cannot be entirely stopped, as the decay of the menstrual decidua will always cause some bleeding, but this should be limited to a discharge of bloody mucus.

In conclusion, Lœwenthal thinks that it is desirable to carefully search for the ovule (near the tubes) in all post mortem examinations; also to note the condition of the mucous membrane of the uterus in reference to swelling and menstrual decidua, and also the time of the last menstruation and the character of the corpus luteum.

Careful examinations of this kind will, he thinks, prove most conclusively the correctness of his theory of menstruation.—*Detroit Lancet.*

MISCELLANEOUS.

MARRIAGE AS A PREVENTIVE OF DISEASE.

PROSPER BENDER, M. D., Boston, Mass.

An article of Richard A. Proctor's on the subject whether marriage is or is not a prophylactic, or preventive of various diseases, strikes some very interesting notes, and deserves thoughtful consideration. He quotes from able physicians and savants on each side of the question, including Dr. Stark, Registrar-General for Scotland, who affirms that "It is more unwholesome to remain unmarried than to live in a house where no attempt is made to secure good ventilation and drainage." Dr. Drysdale and M. Bertholet are also cited as "proving by statistics that consumption, lunacy, idiocy, dishonesty, drunkenness, and other evils or evil qualities are less common among the married than among the unmarried."

Mr. Proctor notices a further deduction or argument on this side of the question, drawn from the statement that the mortality from cholera was greater among the unmarried than among the married; in France, last year, the figures for the period between 25 and 30 being for the latter 10 per 100,000, and for the former, or bachelors, 51 per 100,000. Between 30 and 35 the numbers stood respectively 21 and 70. Mr. Proctor does not dispute these figures and assertions, but he differs from these writers in their employment of them and in the conclusions drawn therefrom. He certainly shows the courage of his opinions, not being of the hand-to-mouth or penny-wise school, who would gain a present trifling advantage in physical, mental and moral protection or improvement at the expense of a future increase of human weaklings, witlings and invalids. His view that it was an error to conclude that because the death-rate of the married fell under that of the single, marriage was a prophylactic, or preventive of

disease, was approved of, he states, by such powerful authorities as Darwin and Herbert Spencer.

The statistics, however, will be of interest to many. M. Odier thus gives them:

AT THE AGE OF	A MARRIED FEMALE HAS TO LIVE	AN UNMARRIED HAS TO LIVE
20 years.....	40 years, 4 months.....	30 years, 8 months.
25 "	36 "	30 " 6 "
30 "	32 " 5 "	28 " 11 "
35 "	28 " 11 "	26 " 4 "
40 "	25 " 7 "	23 " 5 "

Dr. Milne makes the following explanation of the above table: "It is obvious that the best organized and most vigorous individuals of both sexes, but especially females, are the most likely to marry; and that but a small proportion will be married of those (particularly females) who labor under any infirmity that tends materially to shorten life. The married, therefore, will, upon an average, be a selection of such lives from the general mass of the population as would have been the best whether they had married or not, and it is very difficult to determine what effect marriage may have had in improving them."

Like other questions, the present possesses two sides, and it would be unsafe, scientifically and morally, to slur over any facts or arguments belonging to either in order to dogmatize. Nor can it be doubted the subject is a large one, demanding careful consideration from many points of view which I cannot pretend to give within the compass of a single brief article. I think it requires no profound knowledge of physiology, nor any very lengthy acquaintance with society, to lead a man to the conclusion that, under ordinary circumstances, a married woman will outlive an old maid. Scripture and all human experience support the theory that woman's chief mission is to be the helpmeet of man, his companion and solace amid the various scenes and trials of life. She is to "love, honor and obey" him, receiving, in return, all needed and becoming support, respect and affection. Woman unmarried, indeed, seems

more out of her natural or proper sphere than man in the same state; for in some respects she is more sociable, more desirous of doing acts of kindness, as well as of cheering and helping the partner to whom she clings. If the weaker vessel, physically and mentally, as a rule, and experiencing the need of companionship and maintenance, she is strong in her affections and kindly motives. Besides, being the brighter, more sparkling—to use the old comprehensive term, the "fairer" section of humanity—she naturally looks for those marks of attention and that love which is her due and our privilege to bestow. Have we not here, then,—not to analyze the subject more closely—an abundance of reasons for the longer life of the married than of the single woman?

With regard to the fact asserted above, that marriage prolongs life in many instances, there can be little doubt. Multitudes in all lands live longer by joining the natural state on account of its many physical and moral advantages. Here, again, union makes strength and more courage and abilities are concentrated in fighting the battles of life. Both parties receive useful counsel, sympathy and assistance in their respective tasks and trials, while each is greatly helped, if well-mated, in the important work of resisting temptation and worthily performing the varied duties of life.

A word now about the abnormal cases—of physical or mental imperfection on one side or other, the question of degrees and considerations of humanity now arise. Undoubtedly, the race being far from perfect, and not a few morbid tendencies and inherited ailments or weaknesses presenting themselves in every physician's practice, he would seriously and long enough ponder before drawing a sharp line between the persons who ought and those who ought not to enter wedlock. All experienced men know that nothing is more striking than nature's redeeming and compensatory powers—nothing is more startling than the mat-

ter of offspring. How often do we see healthy and fine-looking children the outcome of marriages wholly unpromising as regards the age, health, or other highly important condition of one or the other of the parents! Indeed, in not a few cases, both parents fall considerably short of the ordinary ideal of fitness for matrimony, with subsequent results which give a gratifying surprise to their friends.

Providentially, I believe I may say, Mother Nature stands ready to turn to the best account every little advantage mental, moral or physical, found on either side, and also to employ the many and mysterious healing influences of time and favoring circumstances to mitigate, if not to remove, imperfections and ailments of even the most chronic complexion. If none but the physically and mentally sound were to marry, the race would rapidly decline in numbers—that is, supposing medical or physiological science sufficiently advanced to enable all defects and malformations to be traced.

On the other hand, I would not favor a free encouragement of matrimony as a specific in notorious cases of mental feebleness or bodily deficiency. Good judgment is needed in dealing with such subjects, no less than proper moral feeling. Persons likely to suffer in the connubial state, mentally or physically, or to be harrassed with care, should not be advised to marry, even when in the enjoyment of ordinary health. Much less should invalids take upon themselves tasks and cares, constant and trying, for the sake of the real or supposed comforts of the united state. To such persons asking for advice as to marriage, I should give that of *Punch*, "Don't," and think I simply did my duty to them and society.

But in the exercise of humane discretion, I should hesitate to discourage the union of persons sincerely attached when one, at least, of the partners was healthy and kind-hearted, the weaker not being a hopeless case, or broken down. For such delicate persons with good care and

suitable cheer and companionship often recover a degree of health and strength unknown before, and little if anything below the average. And in a selfish, practical age, it is refreshing, morally, to behold such exhibitions of love and self-devotion with which such unions often present us.

I might continue, and say a good deal on that other phase of the question connected with the benefit of marriage to the healthy youth of both sexes, as respects both their present and future interests. This is a most interesting and suggestive subject—particularly to people who have reached middle-age, and have seen a good deal of the world, whose regretful memory cannot recall the pleasing faces of old friends and acquaintances whom early marriage might not have preserved among us yet, to adorn society and augment the ranks of fame. How many clever, attractive men, might have had their precious time and lives saved by an early deliverance from the snares and delusions to which the best and brightest continue so prone.

ANÆMIA WITH CEPHALALGIA AND DYSMENORRHŒA.

A. McNEIL, M. D., San Francisco, California.

July 12th, 1883, Miss Lilie T——; aged 23 years; blonde hair and blue eyes; small and thin; appearance, anæmic; is subject to headache, extending down into face and teeth on the right side. The pains are relieved by rubbing with all a man's strength; when in the teeth, *by holding cold water in her mouth.* Menses sometimes a week too late; too profuse and lasting too long, and accompanied by the most excruciating pains; *is restless and walks about with the pains; bad taste in her mouth, particularly in the morning.* The pains in her head she describes as if the nerves were drawn up into knots in the upper part of the right parietal bone. While she was stating her case to me, *she burst into tears, and in a short time laughed at her "nervousness."* She

has been in this condition for three years, but recently has been getting worse. She has taken iron in moderate allopathic doses.

I made no physicial examination. I gave her Pulsatilla 30, twelve powders, one every four hours, which I followed by Sac. lac. till the 18th, when I gave Puls. 30 again in the same way. By waiting till all improvement ceased and then giving higher potencies of Puls had her plump, pretty and happy earlier in the fall.

I made no vaginal examinations, so am unable to state whether there was flexure, atresia or the like. I did not perceive any necessity for it; nor would it have been apparent if I had. Not believing in the necessity or usefulness of local treatment, except for the repair of mechanical injuries, I consider that neither physicians nor even gynæcologists should demand those examinations, except for important reasons. Female delicacy is too sacred to be lightly desecrated. I remember what the famous Prof. Meigs says on this subject, when he stated that in a case of uterine hæmorrhage in a young lady, he watched by her bed side all night, nor would he have resorted to the tampon till his patient fainted. Any physician knows that evil results from violent emotions. Fear, sorrow, anger, fright, and even joy, may cause serious trouble, and even death. And I believe that the shame and mortification of submitting to an examination may be as dangerous a shock as any other emotion. Hahnemann exhorts us to cure our patients *tuto, cito et jucundo*; and insisting on what is so repugnant to a pure minded woman, can not by any distortion of words be called pleasant.

Vomiting of Pregnancy.

July 9th, 1883.—Mrs. L., third pregnancy, is from her reckoning in the fourth month. Nausea and vomiting all day for several weeks. The matter vomited is intensely sour; no appetite; *cannot endure* the smell of coffee. Sulphuric acid 500, twelve powders one every three hours. In

two days all discomfort gone; appetite good. August 22d; quickened a few days ago. Till then no nausea or vomiting; since then occasional qualmishness. November 19th.—Well until two weeks ago. Even vomiting only when lying on right side. Sulphuric acid, 500, in water, a teaspoonful every two hours, which removed all morbid symptoms and she had an easy labor.—*California Homœopath.*

P. P. WELLS, M. D.

Dr. Wells was born in Hopkinton, N. H., July 8, 1808, his father being an allopathic physician. He remained a member of his father's household until twelve years of age, when by reason of excessive labors in a country comparatively new, his father having lost at the same time, both his health and property, it became necessary for the son from this time to make his way in the world by his own exertions. From twelve to fifteen years of age he lived on a farm and in a tan-yard—in the field in fair weather, and in the yard during the storms. When four years of age he began to attend the district school three months in the winter and four or five months in the summer, and this was his early opportunity for what is commonly called an education. When fifteen years old he went from the tan-yard to a printing office* where he worked on till nearly twenty-one, and one of his last labors as a printer was carrying through the press the first complete edition of the Waverly novels published in this country. It was Col. S. H. Parker's edition, on 12mo. plates.

*When the late Gen. McNeal of the United States Army, was enquired of by his fellow officers at a dinner table from what college he was graduated? replied—"from between the handles of a breaking-up-plough." To a similar inquiry Dr. Wells has answered —"At the end of the devil's tail," which old printers, like himself, will understand as the lever which gave the impression in the hand presses of the old time.

In May, 1830, in Newport, N. H., he began the study of medicine, in the office of Dr. J. B. McGregory. In the following year he became a pupil of the faculty of the medical department of Dartmouth college, and for the three following years was assistant to the Professor of Anatomy in that school, and received his degree of doctor of Medicine Oct. 4, 1833, and began practice in Cambridge, Mass., the following month. He removed to Roxbury, Mass., in June, 1834, where he remained until August, 1840. In October 1841 he located in Providence, R. I., where in the following January, after an irresistable importunity from the late J. Foster Flagg, of Boston, he entered on experiments with homœopathic means, to prove their non entity, in which he had no doubt of success, for no one could be more ignorant of homœopathic philosophy, or talk more foolishly of it, or be more earnestly prejudiced against it than he was. His first experiment was made with great care, and the result was a revelation to him. It demonstrated homœopathic means were powers, and not shadowy imaginings at all. So different was this from his expectations, and from any thing in his previous experience, he became at once deeply interested in the new revelation, and continued his experiments, gathering from each succeeding one new proofs of the reality and efficiency of the new powers, and of their superiority as healing agents over the means he had employed as instructed by his allopathic education and text books. So complete and satisfactory were the results of his first attempts at homœopathic prescribing, that from the first to the present time he has given to patients but two doses of allopathic medicines, and these at the earnest solicitations of friends of the patients. The results of these were painful and extinguished every lingering inclination to dabble with the means used in his former practice. And from that time to the present, now 44 years, in a practice most of the time large, has he seen any need of them in any case.

He began the practice alone, with only the Organon for

his guide, with no near neighbor to suggest any short and easy methods to overcome the difficulties of clinical problems. He had only the Organon, and felt and still feels something as Baily Nicol Jarvie did in his fight with the wild Highlanders, when his only weapon was a heated iron plow share.* *"I dinna want a better!"* There were then no colleges, pretending to teach Homœopathy, and doing it not, to deceive and damage him. There was only the Allentown school, and this was far away. So he had only to dig, and dig very hard, in dealing with sick patients. He had no help from English or French homœopathic literature, for there was none. There was "Jahr's New Manuel," and Ruoff's Repertory in English, the latter of which he never used. He had then measurably mastered the French language, after his graduation, and had studied the German a little. He had Hahnemann's Materia Medica Pura and his Chronic Diseases in the original, but their language was to him almost an unknown tongue. He wrote out the symptoms of all his cases, and brought these to these treasure houses for their simillimum. Sometimes he studied chronic cases a fortnight and acute ones a whole day, before prescribing for them, and then he *cured them.* His knowledge of the German language was then so limited he was obliged to have almost constant resort to the lexicon in his study of his cases. He saw no way to lessen his difficulties but to make himself familiar with the language of the Materia Medica, and this he at once determined to do. A great difficulty in this pursuit was want of time, for he was now "a busy doctor" and had many calls from those who needed to be cured. Still he determined to give two hours each day to this study, whatever might happen. And this he did faithfully, till this language as met in our Materia Medica became as his own, though many times the two hours were those which fell between

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*Rob Roy.

12 and 2 o'clock at night. His studies of Materia Medica have been, and are still, in this beautiful and exact language; exact, far beyond English in its expressions of subjective phenomena.

In 1843 he took up his residence in Brooklyn, N. Y., where he has since resided and practiced.

In 1861, the *American Homœopathic Review* was resuscitated after a period of suspension, and Dr. Wells consented, after much urging, and with great reluctance that his name should appear as one of its editors. In the subsequent numbers of the *Review* appeared the monographs which were his first essay at professional writing.

In 1866 and 1867–8 he was induced to accept the Chair of Practice in the New York Homœopathic Medical College He did this with reluctance, regarding himself then and ever as a learner and not as a teacher. When the college was reorganized in 1869 he was confined to his bed by an attack of acute rheumatism, which kept him in that position for nearly a year, and his name did not appear among those of the new faculty.

In entering on the investigation which ended in his conversion to homœopathic faith and practice, there were two points of difficulty which seemed to him insurmountable, and to prove them such was the objective of his experiments. One was the claimed enhancement of curing power by the manipulation of drugs as directed by Hahnemann, in his Organon. This enhancement seemed an absurdity to him, and he would prove it to be such, or fail. He failed, most ignominously. The experiment proved the truth of the claim beyond reasonable doubt. This enhancement of power has come to be known as "dynamization" or "potentization." That which these terms express has from that time been to him a fundamental article of faith, and a practice founded on it, extending through forty-four years has confirmed his confidence in the truth of this claim more and more, till now he accepts it as an integral and essential part of homœopathic philosophy.

The second point was, that this manipulation could result in developing a healing power in substances, wholly inert in their natural state, till so treated. Examples of such substances are found in Silicea, Carbo veg., etc. As to the Silex, the matter was settled by the results of its use in a case of mammary abscess, the first case in his new practice which had called for either of these substances regarded as inert. The patient was a colored woman, about 30 years of age, with a baby four weeks old. The breast was greatly swollen, extremely sensitive to touch or pressure, and was discharging a thin, abundant, ichorous matter through several ragged openings around the nipple. She had a high fever, skin hot and dry, great thirst, severe pain in the breast, constipation of bowels, and sleepless nights. She received six pellets of the thirtieth of Silicea in half a tumbler of water, of which she was to take a teaspoonful every four hours. She was seen the second day after this prescription, when the pain, soreness, swelling and fever were gone. She needed and got no more medicine. She took four teaspoonfuls of the water and was so well after this she thought she needed no more. It may be remembered that as this was a gratuitous service, he felt at liberty to give this inert substance to this great sufferer as an experiment in the interest of an increase of his knowledge, and to free the experiment from all influences which could affect the discharging abscess, curatively or otherwise, all dressings, as of poultices, etc., were removed and only dry, carded cotton applied to it. There was nothing more to treat after forty-eight hours. Has any man seen so speedy a cure of a similar case by any means from outside of the homœopathic Materia Medica? Was this surprising result the outcome of quackery or of *scientific medicine*? This case settled the question of developed power to heal in otherwise inert substances. Would it be wisdom or folly to doubt that here the Silex was the efficient agent in this very rapid cure?

THE JANUARY NUMBER OF THE ADVANCE.

Editor Advance: Will you allow space for a reader of the homœopathic journals for over a third of a century to say that, take it all in all, your last or January number, fully equals, if it does not surpass, any number of any journal of our school ever issued—in its vigorous and powerful defence of the Homœopathy of Hahnemann. Your editorial and the papers of several contributors have the true ring which it is no more possible for pretenders and false teachers to stand up against, than it is for falsehood to maintain itself permanently against the truth in any other department of men's most earnest endeavors.

If that number can be taken as a sample of what the future is to bring us, if only occasionally, the reaction has surely set in against skepticism and polypharmacy that is already yawning to swallow us in its corrupting influences.

Have these men no motives nor principles higher or nobler than a deliberate purpose to deceive the public by disparaging Hahnemann and throwing distrust upon all his better teachings, thinking this the popular thing to do, and that they can thereby delude the public into the belief that they are progressive men, know more than Hahnemann did, and thus get both patronage and money under false pretenses. Progressive, indeed! Why they have done their best to carry us back fifty years into the slough of polypharmacy. They have thrown our best indications of drugs into such confusion and under such distrust that it will take fifty years of hard work to restore them to the place where Hahnemann, Boninghausen, Hering, Dunham and other true men left them. This is crab-like progression, and that is all there is of it.

Verily the pendulum has begun to swing the other way, and give it full sweep.

A HAHNEMANNIAN.

EDITORIAL.

THE NATURE AND VALUE OF CLINICAL EVIDENCE.—It is always needful to distinguish between the name and the thing. The name may wrong the thing, and the thing may wrong the name. This somewhat Delphian utterance will become much plainer if you read the names of some of the professors in our colleges, weigh the titles of some of our books, and consider the reputation of some of our practitioners.

As the world goes, the rule is that its benefactors get a name that wrongs the thing. As benefactors are in a striking minority, the rule is that, in an overwhelming majority of instances, the thing wrongs the name.

As the world goes, another rule is that the name being given the majority never stop to inquire if it represents the thing: to them the name implies the thing with all its attributes and qualities. Hence it is that we are constantly dealing with false quantities, and, as the devil holds the cards, there is no telling when this game will end.

Nevertheless, the accepting the name for the thing makes much mischief. A name has attributes and qualities and these are usurped whenever the thing bearing that name does not possess them. Then the name deludes, the thing having not the attributes and qualities of the name.

The thing with a wrong name having gotten into certain positions its capabilities for mischief are fearfully enhanced, and with the unthinking majority it makes havoc *ad infinitum*.

Fortunately the thing with a wrong name, in whatsoever position, is still responsible for its utterances. Whoever does not mistake the thing for its name, whoever is aware that the thing has assumed the name, may challenge these utterances. That is at once a right and a duty. One may be willing to waive a right, but a duty is imperative. Hence it is that we now challenge utterances in an instance wherein we believe the name is not the thing.

As the opinions of a merely private practitioner of medicine we are not assured that the utterances in question would merit challenge; but the place, the occasion, and the position of their author give them an importance that we are thankful is adscititious not intrinsic. It is, then, because of these accidents of place, occasion, and the position of their author that these utterances are here and now challenged.

In his Presidential address, before the American Institute of Homœopathy, Prof. T. F. Allen said: "No facts can *ever* be demonstrated by an appeal to the sick."

Consider the place: A National Association; the occasion: a Presidential Address; the positions of the speaker: a professor of Materia Medica in one of our leading colleges, the compiler (we dare not call him editor, for it was not edited) of a Cyclopœdia of Materia Medica, and the dean of a medical college. Each of these positions has a name; each of these names has its attributes and qualities, and these attributes and qualities will be ascribed by the unthinking majority to the man now bearing these names. Whatever of weight and authority attaches to these names will be transferred to this *dictum*: "No facts can *ever* be demonstrated by an appeal to the sick."

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It needed a desperate hardihood to make such an utterance; to relinquish in a breath all the attributes and qualities attaching to the name of president, professor, author, and dean; to abdicate all claim to these names and avow oneself only the misnamed thing.

What becomes of the ten-volumed Cyclopœdia with its tens of thousands of symptoms every one of which is a postulate of no value without "an appeal to the sick?" What becomes of his years of college teaching when all of his symptomatic indications are worthless without "an appeal to the sick?" What becomes of his twenty years of practice—was *that* only his sordid "appeal to the sick" for a livelihood?

Who is he that thus impugns the living and the dead; that makes Hahnemann's mighty labors an idle mockery; that pronounces *ex cathedra* upon the judgement and the experience of his equals?

Fortunately his wild utterance has in it its own refutation. He sat on the tripod at St. Louis, inhaled the fumes, lost his senses, and is not responsible for his ravings.

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On occasion Prof. Allen poses as a "scientist." Being pecuniarily successful in his "appeal to the sick," he is able to own a sphygmograph, a microscope, and even a Jæger's chronoscope. Having, then, the tools of the scientists, of course, he is a scientist. But aping scientists by buying duplicates of their tools and following scientists by studying their books are very different matters, and in his assiduous (pecuniary) "appeals to the sick" we much doubt if Prof. Allen has time to do both. Compassionating his lack of time for study we will, then, cite for him a part of a certain scientist's "Chapter XXIV." If he cannot make use of it some other reader may be more fortunate.

"Inductive investigation, as we have seen, consists in the union of hypothesis and experiment, deductive reasoning being the link by which experimental results* are made to confirm or confute the hypothesis. Now when we consider this relation between hypothesis and experiment it is obvious that we may classify our knowledge under four heads.

1. We may be acquainted with facts which have not yet been brought into accordance with any hypothesis. Such facts constitute what is called *empirical knowledge.*

2. Another extensive portion of our knowledge consists of facts which having been first observed empirically, have afterwards been brought into accordance with other facts by an hypothesis concerning the general laws applying to them. This portion of our knowledge may be said to be *explained, reasoned,* or *generalized.*

3. In the third place comes the collection of facts, minor in number, but most important as regards their scientific interest, which

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*Experimental results are to be had by even "an appeal to the sick." Our note. of course.

have been anticipated by theory and afterwards verified by experiment.

4. Lastly, there exists knowledge which is accepted solely on the ground of theory, and which is incapable of experimental confirmation, at least with the instrumental means in our possession."*

The third of these heads is especially commended to Prof. Allen's earnest attention. The author whom we have cited says of it:

"The most interesting of the four classes of facts specified is probably the third, containing those the occurrence of which has been first predicted by theory and then verified by observation. There is no more convincing proof of the soundness of knowledge than that it confers the gift of foresight. Auguste Compte said that 'Prevision is the test of true theory.' * * * * * * * * * Coincidence with fact is the test of true theory, but when the result of theory is announced before-hand, there can be no doubt as to the unprejudiced spirit in which the theorist interprets the results of his own theory."

This faculty of prevision is precisely that which Hahnemann claimed for the law of similars, and a good instance of the practical application of this faculty in his hands is found in his designating the remedies for cholera asiatica while he had never seen a case of that disease. This faculty of prevision is, indeed, "the test of true theory," and so far as medicine is concerned it is a faculty possessed by Homœopathy alone. It is a faculty that cannot be exercised except by "an appeal to the sick," and, strangely, the "sick," though wholly ignorant of the theory, confirm it so uniformly that it exalts the theory into a therapeutic law. What a pity that one should have to teach *this* to a professor of Homœopathic Materia Medica, a dean of a Homœopathic college, a president of a Homœopathic National Society. But, as we have said, the thing may wrong the name.

If the physiological action of a drug is not the key to its therapeutical action then the Homœopathic school has no

* The Principles of Science, Jevons, 2nd. ed., p. 525.

right to exist; it is a vain pretence, a conscious fraud, a lie. If "no facts can *ever* be demonstrated by an appeal to the sick" it is a lie now, and has been from the beginning, because it is only by "an appeal to the sick" that we can verify our provings.

We see in the last number of the *Chironian* that Prof. T. F. Allen has a therapeutical clinic in the N. Y. Homœopathic College—why, in the name of all the gods, does he thus "appeal to the sick?" And what is the market value of a "fact" in *that* clinic?

The *experiment* with a drug on the healthy becomes a *demonstration* with that drug on the sick. The clinical evidence establishes the verity of the proving and the validity of the law of similars, and this is just its nature and value.

That the value of clinical testimony depends also upon the character of the clinician is now established by Prof. Allen's example. He has practiced for twenty years with infinitesimals, and has seen "no proof of the power of infinitesimals." And yet he says—"Small doses, and I believe the administration of infinitesimals, have been much more successful than the ordinary dosing of even the majority of so-called Homœopathists."

> "'Tis strange there should such difference be
> 'Twixt tweedledum and tweedledee."

We must acknowledge that some years ago we regarded Prof. Allen as a scientific man. Why, we do not know, unless it was that he assumed that attitude. Some of his later utterances lead us to conclude that we were mistaken. For instance, in his Presidential Address he says—"it is doubtless true that practically there is a limit to the divisibility of drug-power associated with material substances, and that this divisibility is very finite."

"Divisibility of drug-power!" Shade of Lucretius, of Boscovich, of Dalton, of Faraday, what say you each and all to that?

But another gem flashes in our eyes: "The perpetuation of drug-power in higher dilutions must be obtained by other methods than subdivison!" Verily, Prof. Allen is nothing if not "scientific."

We wonder if, in our citation from Jevons, the fourth head will receive from Prof. Allen the attention that it deserves? It says there is "knowledge which is accepted solely on the ground of theory, and which is incapable of experimental confirmation, *at least with the instrumental means in our possession.*"

Now, while more frightened than Trabb's boy by certain microscopical investigations, Prof. Allen says in the aforementioned Presidential Address—"Observations seem to teach, that, in our preparations, matter is not very finely divided, and that the limit of fineness is reached in two or three triturations and probably in the very first dilution."

As regards *mercurius vivus*, the "limit of fineness" is an atmosphere of metallic particles reaching for some distance above the metal, so that a strip of gold foil suspended in a bottle of quicksilver and not touching the metal becomes amalgamated. What microscope has defined these particles? They exist, but are invisible. The divisibility of matter can be investigated only by a microscope whose capacity is infinite, and the deductions now drawn from the use of microscopes of limited capacity are illogical and unwarrantable. To foist the premature conclusions from such researches upon the ignorant is dishonest and will ultimately bring the *dramatis personæ* to shame.

The invisible quantities assumed by theory to be in the higher potencies invite, demand, challenge the clinical test. Reaching beyond the microscope and spectroscope is the human organism, and it is the only available instrument for this research.

We have had provings of the 30th dilution, notably Watzke's *Natrum muriaticum*. Allen says *he* has failed: *Watzke did not fail!* We can have such provings of the

30th again. But if we should fail of them, that would not invalidate the clinical test. Because a given agent does not sensibly effect the body in health by no means proves that it can not do so in disease. The photophobic eye cannot bear the same sunlight that is only a pleasure to the healthy eye, and so on in many instances.

The ultimate "appeal" is to the "sick," Prof. Allen to the contrary, notwithstanding. The Presidential Address is an aberration, and we, too, may appeal from Philip drunk to Philip sober.

Prof. T. F. Allen, in his last utterances, is not a Saul smitten on the road to Damascus; he is only a weathercock showing which way the wind blows in the American Institute of Homœopathy. S. A. J.

NEW PUBLICATIONS.

ANNALS OF SURGERY. The January issue (Vol. III., No. 1) of this sterling periodical contains 100 pages and maintains its promised position at the head of all surgical periodicals; in fact is "the only journal in the English language devoted exclusively to surgery." It is only $5.00 per year, and should be found on the table of every surgeon.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA. Twenty-first Annual Session. 1885.

We have in this number a most substantial addition to our growing literature. In the first place, it is well printed and substantially bound. Our Pennsylvania friends are not niggardly in their work, and they doubtless think as we do, that poor binding and bad typography make a bad book wholly unendurable. Thanks, then, to the enterprise that gives us something so neat and tidy. We have, under such circumstances, the heart to open the book and peruse its contents. The address of welcome by Dr. Betts, the response by Dr. Cowley, and the address of the President, Dr. John E. James, are models of brevity and good sense. And, what is more, they have no taint of Egyptian leeks about them. New York mongrelism has evidently not yet invaded the Keystone

State. Pray God it never may. The reference by the President to the deaths of Dr. Carruthers and Dr. Guernsey, as well as the necrological report of the same, are altogether too brief. Both these men, and especially the latter, deserve extended mention. Is there a growing tendency among us to lay away our dead heroes without fitting tribute, as though we were too tired or too busy to do them justice? If so, the tendency is to be deplored. Turning now to the body of the work, we find every article an earnest and intelligent effort to advance and strengthen the cause of true medical science. We are especially pleased with Rowe's article on *Symptomatic Treatment of Disease.* An excellent antidote to some modern heresies. Dr. Fornias gives us some valuable contributions in his article *Exotic Drugs for Provings.* By all means, let the inquiry be pushed on. If all the good things to be found in this volume were to be laid before our readers, we should find it best to present the book in toto. This we do by way of commendation, and advise said readers in want of some wholesome medical literature with as little haste and as much wisdom as can be crowded into nearly three hundred pages to write the Corresponding Secretary, Dr. Clarence Bartlett of Philadelphia.

THE VALUE OF VACCINATION. A non-partisan view of its history and results. By G. W. Winterburn, Ph. D., M. D. Philadelphia: Hahneman Publishing House, 1885. Pp. 182; paper, 12mo..

This is an exceedingly timely volume, and the author has conferred upon his medical brethren a lasting benefit by his admirable compilation of the facts of vaccination, *pro* and *con.* There is probably no subject in preventive medicine in which more varied opinions exist, in which denser ignorance prevails or the *ipse dixit* of authority is more blindly followed than in that of Vaccination. As the author very justly says in his preface: "There is nothing essentially medical in the art of Vaccination, no phase of it is beyond the comprehension of any ordinarily educated person, and any attempt to hedge it about as something with which the people have nothing to do, but pay liberally and unquestioningly for, should be resisted."

"When one meets a fact in opposition to a dominant theory, we must accept the fact and abandon the theory, even though being supported by great names, it may be generally accepted."—*Claude Bernard.*

"I am strongly opposed to compulsory vaccination."—*Herbert Spencer.*

"It is an intolerable tyranny to compel vaccination by law."—*Constantine Hering.*

These are a few of the opinions of men who are or have been ac-

knowledged leaders on the subject of compulsory vaccination. When Jenner announced vaccination to be "a life preventive of small-pox," it certainly was a theoretical assumption, as his *data* had not then been sufficient to warrant such a conclusion, and subsequent facts have abundantly disproved it. Indiscriminate vaccination is as senseless and unscientific as indiscriminate medication. The idiosyncrasy of the patient should first be studied. Every person is not a fit subject for vaccination; and when you have read this little book you will know more about it than you ever knew before, and be in a better position to give a reason for the faith that is in you. It is the best work on the subject in medical literature. It deserves an entensive sale, and a careful perusal.

WOODS' LIBRARY OF STANDARD MEDICAL AUTHORS, 1885.

OCTOBER.—CLIMATOLOGY AND MINERAL WATERS OF THE UNITED STATES. By A. N. Bell, A. M., M. D., editor of "The Sanitarian," &c., &c.

Few authors bring to their work a better fitness or more enthusiasm than the veteran Dr. Bell. He has given here not only the results of careful study, but also the results of his personal observation. There are few points in the United States he has not carefully inspected, and what he writes is not mere hearsay, but what he has individually seen and investigated. For those who are in search of climatic conditions suiting their wants we commend a careful study of this book. To the physician who must seek out better climates for his patients, a perusal of this work will prove invaluable.

NOVEMBER.—DISEASES OF THE LUNGS (of a specific, not tuberculous nature), ACUTE BRONCHITIS, INFECTIOUS PNEUMONIA, GANGRENE, SYPHILIS, CANCER, AND HYDATED OF THE LUNG. By Prof. Germain Lee, &c., &c.

The author, in his preface, sets forth the following ideas:

"There have been since the commencement of this century three principal phases which have marked the successive stages in the progress of the evolution of scientific medicine.

The first, inaugurated by the immortal Lænnec, associated the positive discoveries of pathological anatomy with the clinical observation of the patient.

In the second phase histology and pathological physiology were

joined in pursuit of the secret of pathogenectic conditions. The third phase is represented by this book."

It is "the parasitic doctrine," the so-called "germ theory" of disease as applied to the class treated in this book. The translator has added a lengthy and interesting preface upon bacteria.

The reader will find "microbiotic etiology" carried out very freely by the author, but—and here comes the missing link—the reader will find little in the book upon Therapeutics to correspond with the new etiology. It is sad, but true, that we recognize the old allopathic agents, only they are yoked to a new pathology, and are little helped thereby. Nevertheless, the book will pay studying.

DECEMBER.—DIAGNOSIS OF DISEASES OF THE BRAIN AND SPINAL CORD. By W. R. Gowers, M. D., F. R. C. P., &c., &c.

This is truly a splendid work. To a text almost faultless in style the illustrations, which are numerous, add much. The author's method is one of condensation, yet each topic is plainly presented. We heartily commend the book as worthy a place in our reader's library, and should be carefully studied by every physician. Wood & Co have issued no more important work than this in the series for 1885.

EDITOR'S TABLE.

T. FRANKLIN SMITH, M. D., has removed to 2064 Sixth Avenue, New York.

J. D. GRABILL, M. D., has removed from Dayton, Ohio, to San Antonia, Texas.

C. S. PUTNAM, M. D., has been appointed county physician for Norman county, Minn.

DR. O. C. LINK, of Yankton, Dak., has been appointed assistent Superintendent in the Insane Asylum of Southern Dakota.,

ERRATA. Dr. P. P. Wells' article, page 391, last line, "confessions" should be "confusions," page 401, 11th line from top "fearless" should be peerless."

CHARLES METZGER, M. D., of Lima, Ohio, is President of the Board of Education. We congratulate our college classmate on the honorable position which he has carved for himself.

W. R. BARTON, M. D., removes from Carey, Ohio, to Ypsilanti, Mich., where he succeeds Dr. Pillsbury. The doctor is an able practitioner and a welcome addition to our ranks in the State.

THE SOUTHERN HOMŒOPATHIC SOCIETY meets in New Orleans, March 9 and 10, the days following Mardi Gras, when reduced rates on all roads should secure a large attendance.

DIED. As we go to press the sad news is received of the death of Clement Pearson, M. D., who died at Washington on January 29th, at 5 A. M., after an illness of ten days. An extended notice in our next issue.

A NEW WORK ON PRACTICE, by A. E. Small, M. D., who for many years has filled that chair in Hahnemann College, Chicago, is just issued from the press of Duncan Bros., Chicago. pp. 900: in leather or half Morocco, $6.50.

WANTED. To purchase an established Homœopathic practice for which I will pay cash. No real estate wanted, and only *bona fide* offers will receive attention. Address, "Homœopathy," care Medical Advance, Ann Arbor, Mich.

DR. E. A. SMALL, the vetera Professor of Practice in Hahnnemann Medical College, Chicago, gave his farewell lecture December 24th, 1885. He has labored long and faithfully and deserves the well-earned rest he now proposes to take.

WANTED. A location for practice where I can have the advantage of good schools for my children. Would buy a practice: New York State preferred. This would be a good location for a young man without a family. Address, D. E. S., Box 131, Warrensburg, New York.

CYRUS BACKUS, M. D., died at Ann Arbor February 1st, 1886, of heart disease. He was born at Groton, N. Y., August 16th, 1812. He graduated from Geneva Medical College, being a classmate of Dr. Frank Hamilton. Since 1866 he has practiced Homœopathy in Ann Arbor.

SMALL POX. It is estimated that the recent epidemic in Montreal and vicinity is likely to cost that city, in money, time, and loss of business, $5,000,000. The state of Tennessee during the last five years has paid out $141,617 in dealing with this single preventable disease.

THE MEDICAL AND SURGICAL REPORTER of Philadelphia in a recent issue, handles the opponents of the International Medical Congress without gloves. As we are not particularly interested in this "war of the codes," we can survey the internecine strife with calmness and with Shakespeare exclaim, "Lay on Macduff."

THE POPULAR SCIENCE MONTHLY for January opens with M. Pasteur's communication to the French Academy of Sciences, an-

nouncing his discovery and successful application of "Inoculation against Hydrophobia." Whether we agree with his conclusions or not, it is an interesting article and every medical man should read it.

DR. E. B. NASH has just closed a very interesting and instructive special course of lectures on Fevers, Diphtheria, and Rheumatism in the Homœopathic Medical College of Missouri, in which he not only pleased both faculty and students, but added to his already well earned reputation as a clear expounder of the Science of Therapeutics.

H. W. TAYLOR, M. D., of Terra Haute, Ind., has obtained the substantial verdict of $10,000 in a suit against Dr. H. J. Rice, a leading allopath, for malicious prosecution. About two years ago, at the investigation of Dr. Rice, Dr. Taylor was indited for criminal malpractice growing out of the death of one of his patients, a Mrs. Nevins, and was honorably acquitted. He then brought action against Dr. Rice for $25,000 and was awarded the foregoing verdict.

HOMŒOPATHIC DEPT., UNIVERSITY OF MICHIGAN. The list of the alumni was recently published in a medical journal in a fearfully mutilated condition. Several of the alumni who are dead are marked residences unknown. Also a number who are practicing in the state and one who is living under the shadow of the University, are marked as having not known whereabouts. Several names are spelled incorrectly, and on the whole, it would seem that the alumni have a very careless or forgetful *alma mater*.

SUNLIGHT AS A DISINFECTANT. At a recent meeting of the Academy of Sciences of Paris, M. Duclanx detailed the results of some experiments he had made to determine the effect of sunlight upon vitality of microbes. He found that a few hours of exposure to the direct rays of the sun were sufficient to weaken, and finally to destroy the pathogence micrococi used in the experiments. He argued therefore that the sun is the best disinfectant we possess —the most universal, economical and active.—*Popular Science News.*

At the regular meeting of the Carroll Dunham Chapter of the Hahnemannian Society, held on January 13th, 1886, the following resolutions were adopted:

WHEREAS, In the resignation of Prof. T. P. Wilcn from the faculty of this department, and as President of this Society, a position he has occupied with ability and honor for several years, we feel that we have lost a faithful teacher and an able President;

WHEREAS, During his long connection with this Society as its President, by his uniform kindness of manner and his willingness at all times to sacrifice his personal convenience to further its interests, he awakened a filial affection in the hearts of its members; therefore, be it

Resolved, That we, the members of this Society, do hereby express our deep regret that his prolonged illness has necessitated his taking such a step;

Resolved, That in the future, as in the past, he will ever be held in the highest regard and esteem by the members of this Society;

Resolved That it is our sincere hope and heartfelt desire that he may soon be restored to his former health and usefulness;

Resolved, That a copy of these resolutions be presented to Prof. Wilson, spread upon the minutes of this Society, and published.

HARRIET M. SWATHEL,
E. H. POND,
G. G. CARON,
} Committee.

MISS HARRIET M. SWATHEL, MESSRS. E. H. POND AND G. G. CARON, Committee Carroll Dunham Chapter of the Hahnemannian Society, University of Michigan:

I am in receipt of the note conveying the action of the Society you represent—a society of which I have so long had the honor to be President. Please accept my heartfelt gratitude for the tribute you have been pleased to offer me. Coincidently with my retirement from your Society, I cease my Medical College labors, which have been continuous for twenty-seven years. Early in life I espoused the cause of Homœopathy. It was then a mere babe, or, at most, only a stripling. I have lived to see it grow to manly and stalwart proportions; and I have no pride greater than that I have aided its growth and helped thousands of students to follow the teachings of its immortal founder, Samuel Hahnemann. It is therefore my joy to see you bearing his name blazoned on your escutcheon. And you have wisely linked to his the name of another, "the noblest of them all"; for America has not yet produced a greater medical man than was Carroll Dunham. In the domain of Therapeutics you will find no more competent guides than these two men. I counsel you to make an earnest study of their writings. Convey my thanks to the members of your Society, with the earnest wish that they may long live to worthily and successfully represent the teachings and practices of the Homœopathic school, first of all under the strict application of the law *Similia*, and secondly, by the aid of every good and true agency that may help that law in alleviating the suffering of the sick, and in curing their diseases. Sincerely yours,

T. P. WILSON.

Ann Arbor, January 26, 1886.

THE
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H. C. ALLEN, M. D., Editor and Publisher.

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CLINICAL MEDICINE.

CASES FROM PRACTICE.

CLEMENT PEARSON, M. D., Washington, D. C.

CASE I.—*Cephalalgia.*

Mr. B., aged 35, active and well proportioned, weight, when in health, 160 pounds, temperate in all his habits, a daily, but not excessive smoker. Some years previously had received a severe injury by a fall, his head coming in contact with the stone curbing. From this he remained an hour or more unconscious, but in a few weeks experienced no further trouble.

During the summer of 1882, he was obliged to walk much in the hot sun, though every day he experienced more or less pain in his head. This at length became so severe that in October he was forced to abandon his employment, that of letter carrier, and apply for treatment. This being allopathic, of course he grew worse; but being naturally of

a rugged constitution, he survived. After two months of failure he desired to try Homœopathy, but unfortunately lost four or five weeks under the treatment of two half-breeds who, at the expiration of this time, after having exhausted their knowledge and the Materia Medica, giving medicines in alternation and rotation, and repeating every thirty minutes, one and two hours, honestly confessed they had failed to relieve him, and one of them called at my office giving the case fairly into my hands.

I saw the patient on the first day of February, 1883. Found him reclining on a lounge with dressing gown and slippers. The window curtains were drawn, as he could not endure the light. His pulse was 92, and his temperature 100, tongue coated whitish yellow, bowels moving every four or five days, urine brown and muddy, quantity not far from normal, not much thirst, and little or no appetite. He complained of a deeply seated, sore, aching pain in the right half of the head, from the superciliary to the occiput, that part of the head being so sore that he could not with any comfort rest it on the pillow. He was quite nervous and sleepless. Could not endure noise or the talking of others. Any use of the eyes produced aggravation, and there was a constant frown on the brow like one in acute pain. He had been treated for pretty much everything he did not have. In a large family it is sometimes rather difficult to find an appropriate name for the new baby, but as every baby must have a name before it can be christened, so every disease must have its name before it can be treated. And as "Bright's disease" is a very fashionable name, though the patient had no symptoms of it whatever, it was thought best to be in style.

His extreme nervousness, sleepless nights, general appearance and expression, pointed to some deeply seated cerebral trouble; in every respect he was so unlike himself, that his friends were beginning to talk of the insane asylum, and I diagnosed the incipient stages of softening

of the brain, though he had been so thoroughly drugged for three or four months that it was necessary to put him on Nux for a time to get down to "bed rock" and see how much was disease and how much doctor. A powder of Nux 50 m. was therefore given every two hours till three were taken, then every three hours when awake, for forty-eight hours. In two days, though his pulse had fallen to 72 and his tongue had somewhat cleared, he could see no improvement in the pain. Within the next five or six weeks a number of remedies were given, amongst which were Arnica, Rhus, Glonoine, Bell., Sulph. and Zinc. met., generally three powders of a medicine were given three hours between and its action carefully observed for three or four days, or longer, if the least improvement could be detected; but the result was not satisfactory, and I at length gave him Defloratum mm. five powders, two of which were taken in the evening at six and nine o'clock, the others next day three hours between, then no more medicine for two days, at which time I saw him. The first night after taking this medicine he was restless, slept very little, pain increased and continued bad during the day; the following night it was much worse, slept little or none, was obliged to get up and walk, and even to go out in the open air and walk from one to two o'clock at night though it was in the month of March and the weather damp and cold.

He thought, however, by evening, when I saw him, that he felt better. I had seen many strange things connected with Homœopathy, many that I could not account for. I knew there must be some cause for this sudden aggravation, and supposed I should find it in something he had been doing or eating, but in this I was mistaken. Could it then be possible it originated from the medicine? Had the potency been low, no more evidence would have been required, and why should more be needed here? To me the case was clear enough and no more medicine was given for ten days. The improvement was rapid and astonish-

ing; in a week he was on the street and called on a lady friend, who was frightened at his sudden appearance. Having heard of his threatened insanity, she supposed he had escaped from home, but he assured her he was perfectly harmless and all right. Fourteen days after taking the medicine there remained a soreness and dullness about the head that did not appear to improve. I sent to Dr. Swan for the cmm. of the same medicine, and gave one powder, observing its action for one week. The case, however, remained the same, though the patient now could walk a mile at a time without fatigue. I now gave three powders more of the same medicine, three hours between; no aggravation followed; the pain and dullness in the head gradually disappeared and the patient regained his usual health and strength, and resumed his former occupation. He also, though not by my advice, resumed his former habit of smoking which, during his sickness, he had abandoned.

CASE II.—*Scarlet Fever.* (malignant type.)

Male child, four years of age, the third case in the family within three weeks. The first child, I learned, was not severely attacked, but an allopathic physician was called, when crape, an undertaker, and hearse followed in their usual order. The second child, two years old, the mother stated, was taken much as the first. It had the usual fever, throat not much involved. The skin presented that light red, smooth, glossy appearance, which is the never failing indication for Belladonna. I made but one visit and two prescriptions of Bell. cm. and in a few days the child was well.

Soon after this the third case presented itself. When first sent for I did not go, but sent Bellad. to be given every two or three hours; the next day, however, they reported the child as being much worse; had had a very restless night with high fever and delirium. I found the pulse 132 and the temperature 103.75, the rash only beginning to make its appearance, the tongue coated a whitish yellow,

with the edges red, throat sore and swollen, deglutition difficult. Bellad. was continued.

The next day, no improvement. Had had another bad night, pulse and temperature much the same, rash well out, but quite dark, throat more swollen, breathing more difficult, with fœted odor.

It was quite apparent that Belladonna was not the remedy, but what was? The dark purple, or mahogany colored rash suggested Ailanthus, the 50 m. of which was given.

It might be well here to describe the surroundings, to show under what unfavorable circumstances we have sometimes to treat patients. The sick room was on the second floor, and was not over ten feet square. It contained two beds, one bureau, and sometimes one chair, which always had to be removed if you wished to pass between the beds. There was one small window which, of course, had always to be kept closed to prevent the patient from taking cold, and the shade drawn to protect his eyes from the light. On my entrance in the morning I found saucers of bromochloralum, carbolic acid, camphor, and other allopathic deviltries to poison the atmosphere and, if possible, kill the patient. This, with the fœted odor of his breath, together with the fumes of a lot of diapers being dried by a hot fire in an adjoining room, without having previously been washed, added to the smell of onions, and pipes from below, all combined to make up a *disinfectant* sufficient to gladden the heart and satisfy the olfactories of the most ardent allopath. I turned my attention to these in language it was not necessary to repeat there, and probably is not necessary here. I told the mother her child might die, but it should not be killed if I could help it. I might also state that the father and mother required treatment as well as the child. They knew nothing of Homœopathy, and they longed for something to do. If they had only been permitted to make a mustard plaster, an onion, or hop poultice, or even have had the extreme gratification of applying a

piece of fat bacon to the throat, it would have given *them* great relief, but as I thought they would probably both survive without these applications, which afford relief only to those who apply them, I was not favorable to the introduction of any more disinfectants.

To add to their anxiety, too, the child's bowels had not moved for three whole days, and while they eagerly watched for an evacuation, that he might get better at once, I was equally concerned for fear they would move, for had diarrhœa set in now with all the other grave symptoms present, a policy of one dollar on his life would not have been a safe risk. The father stated that he would rather lose any other child he had than this boy; that if I cured him he would sell the shirt off his back but what the bill should be paid. And I will just say that the child did get well, though I never heard what the shirt sold for, as I never saw anything of the money. After watching the effect of the Ailanthus for twenty-four hours the result was not satisfactory, the pulse and temperature falling slightly in the morning and rising again in the evening; the tongue was dryer; the submaxillary glands more swollen; the discharge from the nose more profuse and offensive; patient very restless, jumping up in bed, looking around with a wild, confused stare, and then throwing himself in another position; deglution and articulation very difficult; the whole surface of the body a dark red, rather rough than smooth and glassy. The situation was grave. I felt that the time was near for the final charge, or to use the last arrow. Rhus and Carbolic acid were thought of; —the latter I had never tried under such circumstances; the former had often disappointed me, the acid could do no more. The c. m. was therefore given in solution, and repeated every two hours till it was taken six times; in the twelve hours there was a very perceptible improvement. Pulse and temperature had fallen, the glandular swelling was less and much softer, the tongue moister,

the breath less fœtid, discharge from the nose decreased, the restlessness almost gone, the patient had slept an hour or more at a time, and the eyes had lost their dullness. The medicine was continued at longer intervals and cured the case, though in a few days, when desquamation set in, the itching of the surface was so intense that I was obliged to give Rhus tox. 50 m. and have dry laundry starch applied, which gave very prompt relief.

The acid was selected more, perhaps, on account of the profuse fœtid discharge from the nose, and the dark, almost purple color of the rash, than any other symptoms. I believe this medicine will be found applicable in very many cases of nasal catarrh; also in dysentery, with frequent discharges of blood-tinged mucus resembling the scraping of the intestines, and I recently cured a very troublesome case with it after Carbo veg. and Podoph. had both failed.

CHRONIC DISEASE AND ITS CURE.

F. BRUNS M. D., Boston, Mass.

It is very difficult for a German to express thoughts comprehensibly in a foreign tongue, yet I will do the best I can.

So far as I understand Hahnemann, the discovery of Psora and the Antipsorics was the foundation of our law of cure. By the application of Aconite, Belladonna, Mercury, etc., sickness was subdued; but, after a time recurred again. And for this reason our master called these remedies antipsorics. This recurrence of acute diseases led Hahnemann to the discovery of Psora and the Antipsorics. For more than ten years this deep observer kept his discovery a secret, and none of his friends knew anything about it, until he was sure the foundation-stone of human suffering and its cure was found.

Sulphur has almost all the symptoms of chronic diseases and should be given in the majority of cases. In half of

these cases Sulphur will suffice. Calcarea, Silicea, Lycopodium, Graphites and a great many more may be resorted to if required. I give a powder dry on tongue and wait three to four weeks for development under the shade-tree of sugar of milk. How long it takes to cure chronic diseases, Hahnemann expresses himself thus: "The cure of a chronic disease cannot be accomplished in one or two months, as quacks tell you, but require the space of one or two years, provided it has not been mismanaged by allopathic treatment to the extent of having become incurable."

In the first years of my treatment of chronic diseases, I spoiled a great many cases by haste, repetition or change of remedy, until I learned to wait. I have treated this kind of troubles for twenty years with great and satisfactory results, as a specialty, and treat them now only. I will give a few cases only in outline of treatment.

CASE I.—*Sulphur.*

A man from North Dana, Mass., came to me with his son who had staphyloma in both eyes. The sight of one was entirely gone and with the other only a ray of light could be noticed. The boy had been for some time in the Massachusetts General Hospital and was sent home as sightless. I gave a dose of Sulphur, and in six months he could see. This was fifteen years ago, and the boy can read notes to-day and play the violin.

CASE II.—*Lycopodium.*

A lady, very pale and anæmic, with excitable condition, came with a serious derangement of the aortic valve, most of the blood regurgitated to the left ventricle at the second sound of the heart. The left carotid beat with such violence that it could be seen pulsating with every heart beat, and was very painful to the poor sufferer. There seemed to be no psora in the family, and Lycopodium was so clearly indicated that I had to give it under such circumstances. I do not say that Sulphur would not have been better, as

we shall see in the end. In about two weeks after Lycopodium was given, the sharp pains in the heart and achings in the carotids were considerably better. Appetite and a happier feeling came back to her (it was a lady who had a grown-up daughter). She came here to Boston and remained for about two months in my neighborhood. After her return to Cape Cod, her former physician, an old school doctor, saw her so much better that he asked her to let him listen to the sounds of her heart. She told me afterwards that by watching him she noticed that his face grew longer and longer, until he said: "There is no case on record of that kind."

The re-established second sound had puzzled him. The beating of the artery troubled her for some time after the valve worked properly. This led me to the conclusion that there was an aneurism either in the aorta or in the lower part of the left carotid. My conclusion, after three months, progress, in regard to the remedy, was: Let Lycopodium alone. If it could strengthen the tissue of the valves it must be able to contract the tissues and coats of the artery. In two months more it was accomplished, and the patient was so well that she was happy and danced all winter, though, perhaps, a little too much. In the spring she came back to me, very debilitated, and I could not help her quick enough. She employed her old school physician, and died in consequence. Her heart and valvular trouble re-appeared and continued as long as she lived.

CASE III.—*Hepar Sulphur.*

I treated a child who suffered of a slight angina and helped it in two days, when a woman in the house came to me surprised that I could cure diphtheria so quickly, and asked me for some remedy for her troublesome cough. I looked at her emaciated form and told her that I could perhaps do something for her troubles, but she must not think that I could cure her in that stage of consump-

tion. "O, no," she said, "I have been for six months in the Massachusetts General Hospital, and the doctors told me there was no help for me." I enquired if there was a tendency to that disease in her family, and if she had been in the habit of taking cold easily, which in both was denied. By closer examination I found that a cold six months ago had settled there and formed an abscess, which had destroyed a part of the apex of the left lung, and was still suppurating. The sunken spaces between the upper ribs told me the story. I gave Hepar sulph. In five weeks the lung was healed, cough gone, and the woman was gaining strength. Had a healthy child within a year, and is well to-day, after five years. The best time for obliteration of psora is while the fœtus is in utero. A great many of our profession know this, and those who doubt may be convinced by giving the mother who has conceived, a single powder of Sulphur if indicated, and find a different child from those sickly ones who were born before. The higher potencies will best accomplish this.

A PSORINUM CASE.

A. McNEIL, M. D., San Francisco, Cal.

CASE I.—*Eczema Rubrum.*

Mrs. Gibbs, 71, came to me May 17, 1883. She looked almost as if she had erysipelas, her face being very red and swollen. She has been thus afflicted, but is now worse than ever. She has always been healthy, with the exception of rheumatism, twenty years ago, which left her stiff on first moving. Always has cramps, when rising, so that she cannot at first put her heel on the floor. The heat of the fire caused excruciating torture when it touched her face, which is the part affected, extending from the throat to her hair. In winter she always sits with her back to the fire. Coolness ameliorates, but when she washes must dry

herself with the greatest care. The burning and itching are so intolerable now that she cannot sleep. All night till 6 A. M. this morning, she sat by an open window, rubbing her face gently with a handkerchief. Scratching increases itching and burning. Has tried Fowler's solution. Mental excitement aggravates her torture, and she has had, and continues to have, much of it. Gave Rhus tox 30.

May 24. Her face is so red and swollen that from appearance alone one could call it acute erysipelas. The itching and burning are worse than ever before. Gave her Psorinum 500, one powder.

May 31. Slept last night, and for a week, after midnight. The itching very much better. Swelling all gone, and the redness nearly. The skin is scaling off like bran. Sac. lac.

June 4. Worse last two days. Psorinum 500, one powder, dry.

June 6. No better. Dissolved a powder of Psorinum 500 in water; a teaspoonful every hour.

June 7. Better.

Nov. 4. She met me on the street; I did not know her. Her face was a natural florid, and she says she has had only a trace of itching, Has taken no medicine but what I gave her. She still remains well; at least she has not called me, and I know she would if there had been any return.

No one who has ever treated chronic eczema will have the hardihood to assert that this case got well of itself. I gave Psorinum according to its pathogenesis, not on any theory idem similia.

CASE II.—*Typhoid Fever.*

April 10, 1883, Dr. A. H. Hattan, of Peru, Ill., consulted me regarding a patient of his. She is a German, 14 years old, slender and tall, with brown hair and dark eyes. Has menstruated. She has been sick fifteen weeks, having come into my hands later. The case was not virulent, more after

the fashion of a "walking typhoid fever." Constant temperature 99° to 101°; pulse 120. Positively no appetite and no thirst. Lying very quietly in bed. Bowels obstinately constipated. Hypochondria very painful, left worse. A distressing burning in the stomach, with constant nausea, but no vomiting. Abdomen slightly tympanitic, with much tenderness in the ileo-cœcal region. Urine scanty and high colored. Tongue and lips normal in color and moist except the former is slightly coated, with a taste of copper. Breath very offensive, and a fetid odor of the body, resembling that of the lochia. No delirium. Sleepless till 12 P. M., then sleeping till late. No perspiration excepting on the soles of the feet and palms of the hands, which sweat profusely all the time.

This was the case when it passed into Dr. H's hands. He gave several apparently indicated remedies and the condition was as follows: Much prostrated, but can get out of bed without assistance. Fever not perceptible, pulse being from 80 to 88; volume good. But a little movement increases it 10 to 20. Pain in hypochondria not so severe. Nausea, with repugnance to food, and absolutely *no* appetite. Head-ache in the orbits, worse in the left and in that temple. Eyelids droop so that the eyes are rarely seen. Light is disagreeable to the eyes. Face very pale; rarely flushed. Tongue moist, with a slight yellowish-brown towards the root and prominent papillæ near tip. Constant taste as of rotten eggs for several days, having changed from the coppery. Bowels move once a day, at 9 P. M.; thin, white, like milk, and smells intolerably. Urinates once or twice a day; normal in appearance. A little cough with slight pain in lower half of left chest. All the pains worse in the morning, after sleeping. Is the most prostrated in the forenoon. Menses regular during her illness. No taint discernable, although a scrofulous one suspected. I recommended Psorinum 500.

I received a letter, dated April 20, containing the follow-

ing: "She took three doses on Saturday afternoon. On Sunday night, about 9 o'clock, she was taken with a spell that for the time seemed inevitably fatal. She was sitting on the chamber when she was taken with a pain in her back. In a minute or two she was screaming from its violence which continued till I reached in half an hour. She could, or would not, speak, but threw her legs and arms about like flails, moaning and sobbing all the time. Aconite was given after waiting awhile. She went to sleep in four hours. Next day very much prostrated, speaking in a whisper. Had a profuse sweat and stools are natural in consistence and color, and the fetor is better. Gave Sulpur 30 three doses, and the following day three doses of Psorinum; and then placebo. She continues about the same; pains about as before. Insists on having her eyes bandaged. Eats and drinks a little more. Sighs frequently. Urine once in twenty-four hours and scanty.

I suggested that by dissolving a powder of Psorinum 500 in water and taking of this a teaspoonful and putting in another half glass of water, to obtain a higher potency, and of this to give one teaspoonful *only*.

May 1. She is *convalescent*; the improvement has been slow but unmistakable.

In April of this year the doctor gave me some additional information: "The mental condition of the patient was very markedly peculiar in this particular, that she desired to be let alone. She was positively rude to the family, absolutely refusing to converse with them or her friends, and only in the more amiable moments would she answer any questions, and then her answers were laconic. She was not so bad with me, and it was only by persevering in cross-questioning that I could gain much information. She had given up all hopes of recovery, but was not disposed to speak of it. She had dreamed that she was going to die which caused her to weep much, and only after several days she divulged her dream, and said that she was going to die,

but did not want to. These spells of weeping recurred at intervals. The sweat in palms and soles was warm, profuse and *constant.*"

After taking the last Psorinum, the temperature became normal, the pulse 80. The mental sphere cleared and all appeared well. This continued for about ten days when, without any discoverable cause, up went the temperature, and the pulse reached 120, appetite failed and a general relapse. But the symptoms were of an inflammatory character. I discovered spinal anæmia, ulceration of the rectum and I presume subacute nephritis. The totality of the symptoms was fairly covered by Psorinum, but I failed to get any favorable response from it. The action of that potency was exhausted and she required a higher potency. About May 1, 1884, I sent Psorinum 45m, one powder to be given.

AN ODD CASE.

C. F. MILLSPAUGH, M. D., Binghampton, N. Y.

The acute attacks often met with of chronic troubles, are many times puzzling to the oldest practitioners, and with us who are young in the mysteries of clinical medicine they are generally a *bête noir.*

I was called to attend Mrs. C——, age 48, who, as was told me by the messenger, lay in spasms. While on the road to see her my mind was fully occupied with the specific indications calling for Causticum, Crotalus, Tabacum, Secale, and Sulphur, for it was early morning. From these remedies my thoughts ran to Silicea, Pulsatilla, Cimicifuga, Aurum and Natrum mur, when her age came in mind, and long before reaching the bed-side, I had pretty well reviewed my Materia Medica upon the subject of spasms in general.

I found an emaciated, weak woman lying prone upon a sofa, with contracted pupils and no spasms. Upon taking

the case I found the following:—She had been subject to violent headaches, sick-headaches in fact, from early childhood. The present attack entirely unlike any other she had ever experienced had lasted already fourteen days during which she had used her usual remedies without effect, "Boneset" (Eupat. perf.) "Gall of the earth" (Nabalus alb.) and "Pappoose-root" (Caulophyllum). The pain had now taken a spasmodic form, coming on in the vertex and lasting from one to seven minutes, during which the pain was so terrible that she would writhe about her couch in agony rubbing and wringing her hands, moaning and muttering. This sudden attack would as suddenly cease and leave her without pain for from one-half an hour to two or three hours. Thinking that pain coming suddenly and going equally suddenly was an excellent indication for Belladonna especially as the face was congested, I gave some of the 3x in water.

With many promises of rapid relief, I left. I was called again the next day and found that no improvement resulted from my excellent (?) prescription. The patient had vomited a great deal, and was very sick to the stomach, with burning pains in the alimentary tract, a bitter taste in the mouth, and greater prostration than before. While I was at the bed-side another attack came on lasting for three minutes, during which she constantly rubbed her right arm. Upon coming out of the pain she gulped a quantity of wind. This relieved her quickly and she remarked that that always relieved. Ha! Ha! thought I, I have it now, and prescribed Argentum nit. 3x immediately. The next day no improvement. Pain would sometimes be less severe but came on oftener. She was inclined to be peevish (could I blame her for that?) and suffered quite a little pain about the umbilicus. Growing anxious, I made the worst prescription of the whole. I gave Chamomilla 3x and Colocynthis 3x alternately, and went my way, thoroughly ashamed of myself, but anxious for good re-

sults. The next morning I was sure I would have given fifty dollars to get out of calling upon this case. But call I must, and to find things even worse than the day before. A severe diarrhœa had set in, frequent stools of a black color with considerable light blood intermixed, very fœtid, breath fœtid also, much cutting pain in abdomen; patient weak, faint and hungry. Feeling sure of one correct remedy at last if I let those confounded head pains alone, I prescribed Leptandra virg. 30th, one dose and placebo. Trying an I. H. A. prescript you see! The next day I found I had surely done an excellent thing with the Lept.; but the headaches were the same. I then fully determined to do my duty by the patient, and merit both my title as a physician and my membership in this association, and set to work upon the totality of the case. I found that after all my poor prescriptions that the following symptoms were present: Severe headache in the vertex accompanied with heat, throbbing and soreness, worse toward evening, coming on in shocks. Photophobia, great desire to vomit, obscuration of sight, headache relieved by pressure, she tied it lightly with a handkerchief, no thirst, pulse normal, temperature also normal, coldness and chills during the intervals with pale face and whining mood, weeping mood after pain ceases. The headache would at times give place to a pain in the shoulders.

This pain was exactly the same as that in the head and would occupy the whole paroxysm. Trembling of the hands with a numbness of the arms to the elbows. Terrible fœtid odor from the mouth, tongue thickly coated white like a false membrane, drawing, jerking pains in the teeth, gums sore, bitter bilious taste in the mouth, frequent eructations of gas with flatulent colic in the abdomen, pain in the back as if pounded, profuse, slow flow of brownish urine once a day. Cramp-like constrictions in the chest. General weakness and weariness with profuse, bad smelling, sticky sweat at night and after the paroxysms. These things look better now.

I gave Pulsatilla 30, a dose every three hours. I assure you I carried my head proudly aloft the next day on my way to the house, and found on arrival that I had a right to. Only one paroxysm had occurred since the exhibition of Puls.; she felt generally much better. I discontinued all medicine and gave placebo promising to call again in two days. Upon my next visit I found my patient had had two slight attacks since I left. I gave one dose of the thousandth (B and T) and left for four days. On the fourth day I found my patient attending to her household duties, weak yet, but free from pain and feeling in excellent health.

This case was a lesson to me that I shall not soon forget. I assure you I shall hereafter make a practice of taking bed-side notes and of prescribing only for the totality of the symptoms. Half way work, I find will never do in homœopathic practice. We must work! work!! work!!! if we desire to *curare, tuto cito et jucunde.* This prescribing upon single symptoms be they characteristic or seemingly positive, will never do. There is only one way to cure by internal remedies and that way is homœopathically. There is only one way to prescribe homœopathically and that is upon the totality of the symptoms in every case.

A FEW PLUMBUM CASES.

B. EHRMAN, M. D., Cincinnati, Ohio.

CASE XVI.—At an early time in my practice I was called to a child about two months old, suffering for some time with colic. It had received the usual treatment with anodynes, which was generally followed by constipation, for which cathartics were given. In this manner these drugs were alternately administered, as it seemed necessary, until jaundice set in. Now the parents concluded to try Homœopathy, and I was called. In considering how I may reach this trio—

colic, constipation, jaundice, with one remedy, Plumbum suggested itself to my mind as the true similia. Two doses of Plumbum 200 were given about 12 hours apart, followed by placebo. From this time the child was relieved of the colic; the constipation and jaundice soon subsided without further medication.

CASE XVII.—Was called to a man, aged 35 years, who had been suffering with a so-called bilious colic for some time. The attacks came on every five or six weeks without apparent cause, and continued about a week under the treatment of the homœopathic doctors who preceded me. When I took charge of the case I endeavored to make a better record for pure Homœopathy than the routine practice had shown, and therefore tried to elicit some subjective symptoms, but to all my inquiries I could not get any other answer than whining, fretting and moaning. Not to appear stupid in the family's eyes by more questioning, as a dernier resort I prescribed something that I supposed might do good. At my next visit, however (a few hours afterward), I found him no better. Now I told him plainly that if he desired to be relieved soon, he must stop this whining and moaning, think of how he felt, and answer my questions. On this admonition I gleaned the following:—Habitual constipation, stool like sheep dung, nausea, tenderness of the bowels to the touch, and distressing drawing in of the bowels to the spine. These symptoms led me to Plumbum. I put one dose of the 30th on the tongue and left another dose in a powder to be taken in one hour if not better, and Sac. lac (in aqua) in the meantime every 15 minutes. At my next visit my patient was entirely relieved without a repetition of the dose. Now he wished to know why he had to suffer so long in previous spells, while he was relieved so soon this time. This I could not satisfactorily answer, for well known reasons. It is but fair to say that this man had no more attacks of bilious colic afterwards.

CASE XVIII.—A patient of mine requested me to see a German woman (a tenant of his) living four miles in the country. He said that she had suffered with dropsy of the bowels for some time and had tried various things without benefit. Therefore he wished me to call on her and examine the case, and he would pay for this visit even if nothing could be done for her. I found a woman about 40 years old, suffering for some time with ascites, with the following symptoms:—Habitual constipation, stool like sheep dung, urine deficient, and a feeling in the abdomen as if somebody had her intestines on hooks, drawing them to the backbone. For these symptoms I prescribed Plumbum 30, regardless of the pathology or name of the disease; and under its influence, with Sulphur once or twice during the course of treatment, as an inter-current remedy, on well approved principles. She recovered completely and permanently in five or six weeks.

CASE XIX.—A married gentleman about 36 years old lately came under my care from Canada. Four years of allopathic and occasionally homœopathic treatment failed to cure him. His disease was an unsolved problem. Some had supposed it to be Bright's disease, more especially as a sister had lately died of Bright's disease. Others supposed it to be gravel or vesical trouble, and at one time intussusception was feared. Through his relations in this vicinity he was induced to come here under my treatment. The case was not at all clear to me for some time. At times the pains were described like neuralgic shootings in connection with urination, and he received Berberis; at others, white sand was seen in the urine and Sarsaparilla was prescribed; again severe attacks of pain like colic or neuralgia of the bowels, which compelled him to bend double, for which Colocynth was given. This remedy seemed to relieve the spells occasionally, but they returned, indicating plainly that the true specific had not been found. In this way I sought a true

type of the case for weeks, but failed to satisfy myself that I had a clear insight of the condition, until I witnessed several attacks while attending him at the bed-side, when he at one time suddenly doubled up. I asked him why he did not simply press on the part with his hand. He replied that pressure as well as the slightest motion aggravates and that it was a *sudden drawing in of the intestines to the spine*, that jerked him involuntarily forward, so as to bend him double. This satisfied me that Plumbum was the true simillimum for the patient's condition, especially as his habitual constipation, having no evacuation for a week or more, and consisting of mere scibilæ, is also in accord with it. He received, consequently, two doses of Plumbum 30, 12 hours apart, followed by placebo, and from that time until the present he has had no recurrence of the attack, now about five months.

This confirms the statement of Hahnemann and others, that when a true picture of the disease is obtained the best part of the battle is over.

EPISTAXIS.

D. B. MORROW, M. D., St. Louis, Mo.

CASE I.—*Belladonna.* A widow, about 60 years of age, lean, bilious temperament, subject to frequent attacks of nosebleed; when I was called had been bleeding profusely for twenty-four hours. Dr. Nesbit, an allopathic physician, had applied to both anterior and posterior nares a tampon of lint saturated with a styptic. Had also given medicine internally and spent the night with the patient. The friends became alarmed and despatched a messenger for Dr. N. who could not be found and I was called. A steady stream of dark blood was flowing from right nostril, and the evidence of the profuse hæmorrhage was abundant. Subjective symptoms: severe headache in the temples and

back of head and neck, aggravated by noise and light. Pupils dilated. I prepared a little Belladonna in water, gave two teaspoonfuls and sat down to see the effect. In less than ten minutes the patient said, "I feel better and the bleeding is ceasing," and in ten minutes more had ceased entirely, and she made a rapid recovery.

CASE II.—*Natrum mur.* Michael Fey, a stout, well-formed German, about 30 years of age, married, and by occupation a teamster. Dr. Thompson, a brother allopath, had charge of the case. He had given strong astringents internally and for three days had ineffectually applied the tampon. The bleeding continued more or less all the time and this morning on removing the tampon the blood spirted across the floor. Dr. T. said he could do no more; consultation was held with no better results. The physicians sent him to a "big" up-town doctor and by accident he found his way into my office, and Dr. Tenant detained him until I arrived. His clothing was saturated with blood and he looked very pale from the excessive hæmorrhage. He complained of nothing—no aches, or pains, or symptoms. His tongue was coated gray, and on each border about a fourth of an inch from the edge, *a row of vesicles.* These objective symptoms were all I could see, and they indicated Natrum mur., which was administered, and within ten minutes the hæmorrhage ceased and—except a very little the next day after repeated sneezing—has not returned. Dr. C. E. Tenant and Dr. W. H. Ross witnessed this cure.

CASE III.—*Calcarea.* Mr. M——, aged 30, married, a shoemaker. For a long time has been troubled with epistaxis, sometimes quite profuse, but never so bad as in the foregoing cases. Had chronic nasal catarrh; was of a leucophlegmatic temperament, inclined to be fat. Calcarea carb. cured him.

HOMŒOPATHY AMONG THE INDIANS.

J. J. STURGUS, M. D., (U. of M.,) Tacoma, W. T.

In response to your request to send you a few cases from my note-book, showing the efficacy of homœopathic treatment among the Indians, I append the following. After something more than two years sojourn among them I find that they respond promptly to the properly selected remedy, as do all other races of mankind. A great deal of patience and perseverance is required in order to get the necessary symptoms, but once obtained I am never afraid of the result.

CASE I.—Mary Jackson; halfbreed, aged 10. Had been suffering from a chronic diarrhœa from infancy. Complains constantly of cold, the backs of her hands were literally covered with warts, and it was for this trouble that I was consulted, the dirrrhœa being considered incurable. I gave six powders of *Cal. carb.* 6x trit., a dose night and morning. In one week the mother informed me that she believed the warts were going away—that Mary was constantly scratching them, as they seemed to irritate her. I gave her a few powders of Sac. lac., and in three weeks not a vestige of these excrescences remained, and the diarrhœa, which had existed from infancy, disappeared at the same time.

CASE II.—Laryngismus stridulus. I was summoned to attend a case of this troublesome complaint in an Indian baby three months old. The paroxysms were marked by violent dyspnœa, the function of respiration being entirely suspended; the face bluish and turgid; the hands outstretched; fingers alternately opened and closed; head hot; eyes open and staring. In this condition the child would remain for fully one minute, the paroxysm terminating in a fit of crying. The child had suffered from a dozen or more of these attacks, and was becoming rapidly exhausted.

I placed a few pellets of Bell. 200 on the child's tongue, upon the termination of the paroxysm in which I found it upon my arrival. It had one more, though the interval between the attacks was lengthened, and that was the last. The child which had always been weak and puny previous to the attack of laryngismus, has since developed into a strong and vigorous youngster. Did the single dose of Bell. 200 put new life into its veins? I believe it did.

CASE III.—Epistaxis. A halfbreed youth of twenty-three presented himself at my office for relief from the above complaint. He stated, in answer to my enquiries, that he had suffered from nose-bleed for years, seldom a day passing without his losing blood. It came on regularly every morning about nine o'clock, though violent exertion would bring it on at other times. Very profuse, skin sallow. I gave him some powders of Carbo. veg. 6x trit. (the highest I had) to be taken every four hours, and to report in a week. At the expiration of that time he presented himself, stating that the hæmorrhage was considerably less, and that he had gone three days without any at all. I gave him a few more powders of the same preparation to be taken night and morning, and saw nothing more of him for several months, when I ran across him while out on the reservation. He stated that he was entirely free from his old trouble. Astringents of all kinds had failed to benefit this case, which Carbo. veg. promptly cured.

DYNAMIS, POWER, FORCE, MOTION.*

T. L. BROWN, M. D., Binghamton, N. Y.

Have we the knowledge why or how certain elementary forms of matter combine to produce a human being?

* Read before the Homœopathic Medical Society of New York State, February 9th, 1886.

By such dynamic combinations health of body and mind are continued for definite periods.

Do we know why or how mineral, vegetable, and animal poisons disease the body and mind by dynamis peculiar to each?

We are compelled to acknowledge results we call life and death, yet can we define either only as objective and subjective phenomena?

The forms and dynamics of the most minute portions of matter, which alone sustain us as individual beings, are at present beyond thought and become the sole property of logic and reason, based on inductive conclusions drawn from what we do know of common motions of perceptible forms.

As after death we are put beyond thought, so in life those motions of elements amounting to involution, which sustain us in health, are actually unthinkable. That we can come to some logical and practical results, has been established by our prolonging life and removing much we know of disease and pain. Just what remedies can do in potencies beyond thought toward producing or removing disease is not yet thinkable, any more than the how or why hydrogen and oxygen unite in definite proportions to produce water. We know there is water. Yet why it takes such a form is not a matter of thought. It is a matter of water. It is the same with the effects of remedial potencies in their dynamics beyond thought. It is a matter peculiar to the kind of remedy used, and the condition of the patient. Why Ipecacuanha produces constant nausea is not thinkable. Nor can we know why it relieves similar nausea when produced by other causes. That, too, is a dynamis peculiar to Ipecacuanha. Each remedy has its own dynamis, and by testing we learn its indications as curative in disease.

Both health and disease seem under the timely influence of naturally potentized forms of matter in distinct relations

governed by dynamis. Just the part of dynamic involution the potencies of our remedies play in restoring these necessary relations of material in preventing or curing disease, is only observable in results by repeated similar testing. There is no doubt a limit to potency and dynamis as to its utility in individual conditions of disease. To know this limit before repeatedly testing the potency is impossible. To know when to give the remedy, and in the suitable quantity, or when to discontinue it, are three points we cannot know too soon in any case of disease. Cures result all along the line of remedial dynamis according to the susceptibility of the patient, from the perceptible to the imperceptible quantities of a remedy. It is my opinion the most curative and efficient dose must be so minute in form that it will not disturb the dynamics of disease but for the shortest possible time. No medicine is better than too much. Just enough is the true physician's choice.

Involuting quantities for dynamic construction and health. Evoluting quantities for dynamic destruction and disease. In certain quantities the dynamis of remedies can do both. The constructive dose for involution is in quantity equal to the smaller forms that unite to make up our white and red blood cells. Such quantities are beyond the microscope, yet not smaller than the chemical or mechanical combinations of the fourteen elements of which we are composed. The limit of quantity, so far as cause or cure of disease is concerned, is not equal.

It takes more medicine to produce disease than to cure it. That physician who declares the 30th dilution incapable of curing disease because he cannot produce symptoms on a healthy person with it, forgets that the sick are many times more sensitive to the dynamis of the true homœopathic remedy than the healthy.

Is it wise and truly scientific to discard any potency until fairly tested according to the condition of the patient and the law of similia?

When a physician says, "the less medicine the better," and at the same time leaves a twenty years' experience "of the 200th dilution," in a successful practice, and recommends the third dilution as preferable and more scientific, where can we see his consistency, logic or chances for better success? And when he says "the next battle-ground will be between medicine and no medicine," is he in a fair way to decide against medicine and in favor of *no medicine* by increasing his dose from the 200th to the 3d dilution? We are not a high or a low dilutionist. We have fully decided that we all actually need both high and low dilutions in daily practice. Many physicians in our school are pronouncing against dilutions and potencies they never tested, while they know but little by just comparison about the relative value of those they now use.

We are opposed to partisan reports, as they are more or less misleading and not reliable. When we know the relative susceptibility of our patient to the different potencies, we can prescribe more to the advantage of our patients and our own success. Every disease has its limit, and results in recovery or death.

Just so with each remedy according to the potency and the condition of the patient. No physician can make himself good and popular by condemning any unknown strength or potency of a medicine. When that physician commences guessing we should at once begin to doubt his conclusions. The only want of better success, in our daily practice, is our want of knwledge as to the difference in the susceptibility of each patient to the potency of the indicated remedy.

Never condemn a potency until we know just what one will serve all patients the best. It is this want of knowledge which has set the high and low dilution factions into personal disputes, which cannot settle the question. We test both high and low dilutions as a matter of success and correct education.

Both factions are right when they use all the range of dilutions and potencies. The ensemble of symptoms and the susceptibily of the patient, when well understood, brings all true homœopathic prescriptions into one unmistakable use. An effort to unite the extremes, by a fair testing as to time and place, is better than partisan strife about the difference which cannot be settled in any sound mind without a fair scientific test.

It is this test we claim for all potencies quite beyond those tests of the microscope and the cruder methods of seeing and tasting the drug.

Those potencies beyond thought should be tested and trusted by honest physicians as they now trust the union of the four gases to help produce the hnman form and its life activities, which solely depend upon them. We do not know how or why they thus keep us in existence. The dynamis of remedies, like the dynamis of our existence, is not yet within our intellectual reach.

Abraham Lincoln said: "The foolish and the dead alone never change their opinions."

The extreme low and extreme high potency physicians are like the classes named. Those who do not test are as dead and unchangeable as those who are foolish enough to decide before experience has given them facts on the subject. Nothing but an impartial test of all dilutions and potencies above partisan taint or tinkering can rightly settle the most important question in medicine. Who can show when and where he has so tested the potencies that he can give us better results than our great teacher, Samuel Hahnemann?

That physician must know more about the dynamics of our existence and remedial motions combined, in the cure of disease, than any of those doctors who are trying to unite the two schools of medicine without the help of "similia," which teaches that no two similar dynamics can exist in the same form at one and the same time. To do the same

thing the second time is no fact of either form or motion. The second form and motion may be similar, but never the same. Dynamics is the similar motions of remedies put in contact with similar motion in disease of the patient which cures by the rule of similars. Dynamis is not an entity. It is a motion, really a relation of forms necessary to our existence or destruction. Motion is both a factor of health and disease. It is of no consequence without forms of air, food and drink, being in quantitative and qualitative relations. These forms and motion relations produce our physiological and therapeutic knowledge of health and disease. Even our thoughts are but dynamis of the brain form. Similar dynamis in similar relation of forms bring invariably similar results. Facts are what we want of dynamis, *a motion.*

A motion of any form is the dynamis of that form.

What is there but forms and motions in all that involutes or evolutes in the universe?

"Dynamis" shapes our diseases, our medical treatment and our success. It is the question of medical questions proving the law of Homœopathy. Where there are no forms there can be no motions, dynamis.

GYNÆCOLOGICAL.

THE OVERGROWTH OF SURGERY IN GYNÆCOLOGY.

In the February number of the *American Medical Digest*, A. J. C. Skeene, M. D., Professor of Gynæcology in the New York Post-Graduate School, whom Keith calls the greatest of living American gynæcologists, gives the following pertinent advice to his allopathic brethren. If a man of his acknowledged ability and extensive experience thinks the time has come to call a halt in the free use of the scalpel in his school of practice, should not our homœo*pathic* gynæcologists take a hint also? Our law of cure has

certainly yielded the most brilliant results in the treatment of affections peculiar to women. Why not cultivate it?

"Judging from the current literature of the day one gets the impression that the whole art of gynæcology is reduced to abdominal surgery, with an occasional plastic operation about the cervix uteri and perinæum. The published transactions of the obstetrical and gynæcological societies of the larger cities of this country are made up of great operations.

The removal of ovaries, tubes, uterus, and all forms of tumors connected with these organs, appears to be the whole occupation of those who practice gynæcology. If these specialists and their assistants condescend to treat the diseases of women which do not require heroic surgical treatment, they evidently do not consider such practice worth mentioning. There is certainly great surgical activity in this department. So much so that we are led to hope that a reaction may soon come; a change which will bring up the medical side of the subject. It is time that the knowledge, judgment and skill of the physician should receive as much attention and consideration as the daring operations of the surgeon.

In the crop of gynæcologists coming up at this time, we find nearly all of them thirsting for big operations like hysterectomy and ovariotomy. It would be well if there were more who could be called physicians."

A CASE OF LACERATED PERINEUM.

DR. CLARENCE WILLARD BUTLER, M. D., Montclair, N. J.

On Friday evening, January 25th, 1884, at 10 o'clock P. M., I was called to attend Mrs. G——, in her first confinement. She was a woman twenty-two years of age, of medium height, nervous organization, and rigid muscular fibre, with an exceptionally excellent history as regards healthfulness, having never been ill with the exception of

an attack of typhoid fever eight years since from which she made a good recovery. She had been under my care during her pregnancy and had suffered very few of the inconveniences incident to that condition. She came to her confinement, therefore, in good health and with great cheerfulness, anticipating no unusual amount of suffering.

When I saw her she had had slight pains for some two or three hours, and an examination revealed that the *os uteri* was dilated to about the size of a five cent piece. The history of the case for the next thirty-three hours may be told in a very few words. Dilatation, in spite of such medicaments and measures as I used, progressed so slowly, though the pains were regular and sufficiently severe, that at the end of twenty-four hours it was not greater than the often-referred-to half-dollar. The membranes were ruptured at about 2 o'clock Sunday morning and it was not till about five o'clock of that morning, or about thirty-three hours from my first attendance that the *os* was sufficiently dilated to admit of the passage of the child's head. At this time the pains, which for the last two hours had been growing gradually less severe, stopped entirely, and I was unable to induce their return. I therefore etherized my patient and, applying the forceps, delivered the child. Indeed, I should have done this some hours earlier, but for the rigid and undilatable condition of the mouth of the womb. Though the delivery was accomplished with all possible care and without undue haste or violence, I was conscious of having ruptured the perineum; but to what extent I was not able to determine since my patient, mother and child, demanded my immediate care. The infant was induced to breathe, after some manipulation, and was passed over to the care of the nurse. The secundines were then delivered without difficulty. Mrs. G. came from under the anæsthetic fairly well but extremely weak and very, very nervous. Enjoining complete rest for her I left after the usual delays, having first, however, told the nurse

of the injury to the perineum, and instructed her to thoroughly explore the parts and report their condition upon the occasion of my next visit. Her report, given in due time, was that the laceration was insignificant in extent; and believing it to be so, I paid no further attention to the matter. Mrs. G. gained her strength but slowly and remained very nervous and much depressed. The milk fever aggravated her weakness and nervousness out of all proportion to its severity.

The bowels moved easily with the aid of an enema on the fourth day. On the eight day the nurse informed me that the perineum was torn to a larger extent than she had thought, having been misled by the swelling of the parts on the occasion of her former examinations.

Upon examining it myself, I found that the laceration had extended well up into the vagina anteriorly, and posteriorly to the sphincter ani which muscle, though itself uninjured, was as distinctly visible between the edges of the wound as if a careful dissection had been made for the express purpose of revealing its location and relations. The wound itself was unhealthy in appearance, purplish red in color with an unhealthy, thin sanious discharge of abominable odor.

What was to be done? The condition of the wounded surfaces made it extremely doubtful, to say the very least, whether, if now sewed up, union might be expected. The patient's condition contra-indicated any immediate operative measures, and the knowledge that she must when well enough undergo an operation for the cure of this lesion, must militate, in her nervous condition, against a satisfactory convalescence from her present illness. I determined therefore to try and heal the tear while she was in bed from her confinement and pursued the following course.

An infusion of Calendula flowers, one ounce to the pint of water, being prepared and to it added twenty drops of a

saturated solution of Carbolic Acid. I directed that soft cotton or linen cloths, saturated with this preparation, be laid between the lips of the wound, and that they be changed every three hours. The knees were tied together and the patient was directed to lie upon her side as much as possible. Urgent duties prevented me from calling the next day; but, on the next day but one, two days from the commencement of the use of the Calendula, I found the wound a bright red, the odor greatly changed for the better, the discharge thicker and more laudable, granulations already appearing over a large portion of the torn surface —in short the healing process already established. From this time there were no drawbacks and at the end of seven days from the commencement of the use of the Calendula, the wound was entirely healed.

The bowels were moved every day with the aid of enemata, and the urine voided naturally without delaying or interfering with the healing process.

This favorable result was in one measure due, no doubt, to the habitually healthful condition of the patient. It was also in large measure due to the faithfulness of the nurse, who changed the dressings every three hours, day and night, for seven days, without once neglecting or forgetting it. But it was most largely due to the wondrous healing properties of the Calendula.

Indeed, for three reasons I have reported this case, and this is the first: To call your attention to the action of the marigold and especially the *infusion*, which acts more promptly and kindly than the alcoholic tincture. The infusion is soothing and grateful to the patient while the tincture, even when diluted, is irritating and hateful. The healing process under the use of the infusion is therefore pleasanter, and I may say confidently, from my own experience, more reliance can be placed in it, and its action is at least twenty per cent. more rapid.

Though not germane to this subject I desire to mention

incidentally that what has been said above of this agent in wounds will apply with even greater force to *burns*, for which it is an excellent lotion.

Again I wish to add my testimony to that of others to the fact that where sticthes are not practicable in "Lacerated Perineum," the lesion need not necessarily remain to call for future operative procedure. And lastly, I would impress upon every physician the duty he owes to his patient and to himself of making a careful examination after *every* case of confinement to make sure that no such accident has befallen his patient as that which happened to mine. You may by this precaution save your patient much future suffering and yourself from such assininity as I fear his neglect in this case may have fairly earned for the writer of this paper.

DYSMENORRHŒA.

A. McNEIL, M. D., San Francisco, Cal.

July 12, 1883. Mrs. T., called on me concerning her daughter, Miss Lillie. She informed me that Lillie, who is 20, fair hair, blue eyes, complexion indicating anæmia, *petite* and quite thin. She has been in this condition for three years, and is still becoming worse. Menses a week too late, too profuse and too long, and preceded by the most intolerable pains. All of these points I learned from the mother. I then called on Miss Lillie and learned in addition that she is subject to the most excruciating cephalalgia extending down into face and teeth. The pains in her head are ameliorated by rubbing with all the vigor of a stout man, those in her teeth by holding cold water in her mouth. She has also had angina pectoris at times. She complains of a slimy taste in her mouth. While telling me her symptoms she wept, but was soon smiling through her tears. She assured me that until her health

failed she was not so weak as to cry, but now she could not help it. Appetite poor. The pain in her head she says is as if the nerves were drawn into knots in the upper part of the right parietal. Her pains are somewhat ameliorated by working about the room. Has taken iron in moderate allopathic doses.

I gave her Pulsatilla 30, twelve powders, one every four hours till all taken.

July 18. Is better in every way. Pulsatilla 30, twelve powders, one every three hours, followed as before by Sac. lac.

August 2. Pulsatilla 200, in same way.

August 13. Pulsatilla 200, again.

August 25. Pulsatilla 15m, one dose, and Sac. lac.

September 5. Pulsatilla 15m, in same way.

September 19. Pulsatilla 16m, in same way.

November 2. Her health is very much better. Menses normal and painless, and so far has had no cephalalgia. Is now not quite so well. Pulsatilla 51m.

December 12. A slight return, although she has gained twelve pounds. Pulsatilla 16m.

February 2, 1884. Has had a moderate attack of her neuralgia. Pulsatilla 70m, twelve powders.

March 20. Is well. I wish to draw some practical information from this case. There were no physical examinations. I did not introduce a speculum and hunt for congestion, ulceration, flexions, atresia *et id omne genus.* I did not ask my patient a question at all offensive to the most maidenly delicacy, such points I learned from her mother. And the result leaves nothing to be desired. If I had asked for an examination of any kind, I could not have treated her with any more success or certainty, and she would have preferred to suffer as thousands of others are now doing because they fear the most sacred sentiments of their nature will be trampled upon. Those who are allopathic in name or practice can do nothing, but treat such cases locally and

the benefit is, if any, merely temporary; for many times this disease is driven to another and a vital point. The womb gets better but the patient dies.

PROCIDENTIA UTERI.

June 1, 1883. Was called to see Mrs. D., æt. 22, brunette, nursing second child. Does her own house work. Had convulsions in pregnancy, which I cured with Rhus tox. after all the efforts of an allopathic physician had proved unavailing. Her baby is now six months old. Two or three times a day her womb comes clear into the world she says; she describes the womb accurately, says it is dark, no doubt from congestion. Her appetite is very poor. The procidentia is attended by pain in left groin. Has chilliness and fever, intense thirst, but water lies like a load in stomach; vomits frequently, particularly after drinking. Her mind is in a state of anguish, thinks she is going to die and that there is no use taking medicine. She is very weak and anæmic.

She still continued to nurse her baby and do her house work, although both were beyond her strength. Her husband could not hire a wet nurse and domestic. Gave her Arsenic 30, in water every two hours for two days. Then Sac. lac.

June 18. Arsenic 4m, then placebo. Is better.

July 4. Is bad again, same symptoms. Arsenic 30, in water.

July 11. Arsenic 1m.

July 16. No better, Arsenic 30.

July 19. Better; Sac. lac.

August 1. Arsenic 100.

August 8. Symptoms appear to call for Rhus tox. which she receives in the 200.

August 12. Is worse. Arsenic 30, from which she rapidly improved, remaining well all winter, during which there is no more trouble.

This was done by the indicated remedy. No harness nor traps. This was accomplished under the most unfavorable circumstances, as her household duties and nursing were too exhausting.

CASES FROM NOTE BOOKS.

J. R. HAYNES, M. D., Indianapolis, Ind.

Mrs. ——, aged 27 years, fair complexion, blue eyes, dark brown hair, about five feet six inches in height, weighing one hundred and seven pounds, very active, always busy, nervous-bilious temperament; married and the mother of three children, the youngest seven months old. The mother has plenty of milk, the baby looks well, is well nourished, has never been sick a day since it was born, and is what we would call a fine healthy child in every respect, so far as I can discern. The mother says she had a very sore mouth when her first child was two months old, her physician, a "regular," after treating her for several months, told her "that she had the nursing sore mouth and that nothing could be done for her unless she weaned the baby," which she did; but the sore mouth continued worse until she became pregnant the second time. During her term of gestation there was some slight improvement, which continued until after her second confinement, when the sore mouth returned with greater force than ever before. During this period she passed through the hands of several physicians, all "regulars," who treated her for months and finally told her she had the "nursing sore mouth," and "that nothing could be done for her while she was nursing, and that she must wean the baby," which she did. But the "sore mouth" continued to grow worse than ever before. Said she had a ravenous appetite and could eat anything if her "sore mouth" would let her do so, but that her mouth was so sore that she had to live on such food as she could

swallow without mastication, and had to be mostly fluids. Would feel well but for her mouth; but her mouth would give her no peace night or day.

In due course of time she became pregnant again for the third time, when some six months prior to her confinement, she came under my care. Her mouth got much better, and we were congratulating ourselves that the trouble was over and that we should have no further trouble as far as the mouth was concerned. I gave her several remedies consisting of the different preparations of Mercurius, but none seemed to touch her case but Mer. cyan. 10 m., and for three months prior to her last confinement considered her mouth entirely well, and took no medicine of any kind. She passed through her term well, and had an easy delivery of a fine female child, which was followed by a severe hour-glass contraction which would not allow even the index finger to pass through beside the cord; the contractions were below the placenta and were attended with severe bearing-down and straining pains, which were relieved by one dose of Belladonna 10 m., and in about twenty minutes the after-birth came away without further trouble. She had a good getting up, and we had come to the conclusion that the "old sore mouth" had deserted us with contempt and her former trouble was at an end. When the child was about four weeks old, she went down town in bad weather, got her feet damp, took a severe cold, which resulted in what she supposed to be a severe attack of "piles," which were very painful; could get no ease from any position; they would smart and burn, as she said, "as if they were on fire;" a putrid discharge from the anus all the time, and an excruciating pain after an evacuation of the bowels, which would continue for five or six hours. The stools were normal, but the pain was so severe that it would cause a cold, clammy perspiration on every part of the body, tongue heavily coated with a thick white coat, sweetish taste in the mouth, some thirst, considerable fetor

from the mouth, pulse nearly normal, smarting and burning during and after urinating, which was passed often with straining and a very small quantity at a time, of a dark straw color. No trouble with the generative organs, appetite fair, with plenty of milk which the child took with a relish and caused no inconvenience except a slight looseness of the bowels, which had a putrid smell, and a yellow color. Upon examination, instead of hæmorrhoids as I expected to find, there was a pouting of the anus which extended around the entire circumference closely resembling a prolapsus of the rectum, which was highly congested of a bluish red color, and covered with flat superficial ulcers with fiery-red borders and lardaceous bottoms. The parts were so extremely tender to touch that I made no attempt to force them back inside the sphincter. But as a cloth wrung out of cold water and applied to the parts gave relief to the severe burning, I allowed it to be continued, and gave Alumina 10 m., in water, one teaspoonful every hour. The next day there was a decided improvement with which I did not interfere, and in a week the trouble had disappeared. In a few days she took another trip down town in the rain, when the old sore mouth returned with a "vim." In twenty-four hours twenty ulcers made their appearance. Every part of the mouth was invaded; two large ones, one each side near the apex of the tongue, were very much swollen, and the one on the right side had a gangrene center, the rest lardaceous bottoms with bright fiery-red edges, and were cut down as if cut out with a knife and felt hard like an indurated chancre. They were on the top of the tongue, on the underside, on the lips, buccal cavity, on the fauces, and in the nose; looked as if they would very soon cut away the center cartilage and both alæ. Were very painful, smarting with, as she said, "such horrid burning as if they were on fire," and could get no relief in any way. The tongue was heavily coated white. Large quantities of stringy, viscid saliva running from the mouth, with a sweet-

ish taste. All the symptoms were aggravated towards night, a putrid, sickening odor which filled the whole house and caused a sense of nausea when coming in contact with the smell. Felt hungry, but could take nothing but fluids, as mastication was utterly impossible and swallowing painful. Had plenty of milk which the little one took and showed no symptoms of being in the least affected. Bowels in good condition, urine normal so far as I could judge without a critical examination, pulse but slightly accelerated at times.

After going carefully over the symptoms and the former treatment of the case, I gave Mercurius cyanuret 1 m. in water, one teaspoonful every hour. The next day there was *no* improvement, but she was growing worse. Was very despondent, had not slept any on account of the "pain and horrid burning." Did not think she would ever be any better. I gave Sac. lac. and studied up the case. The next day, worse. I gave Mercurius sul., which I gave for two days. My case getting worse all the time, then gave Lac. can. with the same results. Was near despairing of making a cure, when I turned my attention to Syphilinum and gave 50 m. (Swan) in water, one teaspoonful every hour. The next day the fetor was not so bad and I believed there was some improvement, when all medication was stopped, and in three weeks the sores were all healed and she says "I feel as well as I ever did in my life. To my mind here was a syphilitic taint which was positively relieved during gestation, but as soon as the generative organs actively resumed their normal condition, the virus was returned to the mucous membranes of the mouth and attacked them with greater vigor after each suppression, and would yield to nothing but the perfect simillimum, and the syphilitic taint would account for the non disturbance of the child after birth by the troublesome affections of the mother.

None of these children, so far, have shown any skin or eruptive disease, but when attacked by any affection common to children it yields very slowly, and almost every

prescription I have made for them the symptoms called for some of the preparations of Mercurius.

CASE II.—DOUBLE VAGINA.

Mrs. S., aged 22 years, married, weighing about 120 pounds, dark hair and eyes, rather dark complexion—or what might be called a light brunette, well formed, naturally rather cheerful, but would have spells of being very despondent. Her husband complained to me that whenever he attempted to have connection with her she complained so bitterly that he was compelled to desist, and that he believed there was something wrong with her. He wished me to carefully examine her and see what was the trouble. At first she objected, but finally consented. Upon examination, found a septum extending the whole length of the vagina in the mesial line, which at the vulva was fully three eighths of inch in thickness, and it extended down to and between the labia so as to completely fill up the cavity and keep them separated. There was a small opening through this septum at the os uteri, and at that point was about one fourth of an inch in thickness, and like the walls of the vagina was largely composed of erective tissue, which under sexual excitement would swell up, and almost or quite fill up the vaginal space, which made copulation almost impossible. I counseled its removal, which was assented to, as I told her that I believed, with such a deformity, that should the husband desire it, any court would declare such a marriage null and void, and set the contracting parties free.

In the first place I passed a small elastic ligature up one side of the septum and through the small opening at the os uteri and brought it down on the opposite side and tied it in front after drawing it tight enough, as I thought, to cut it in two through the center, which it did in about a week. At about this time menstruation came on which delayed further proceedings for another week, when I

placed the patient under chloroform, inserted a side valve speculum and cut away one side with long handled flat curved scissors. There was a considerable hæmorrhage which was readily checked by throwing on the cut surface with a uterine syringe a small quantity of the tincture of Arnica. When the hæmorrhage was completely checked, then the other side was cut away in the same manner, and the hæmorrhage was checked with the tincture of Arnica, after which the vagina was well washed out with water heated up to 96 F., to wash away as much of the tincture of the Arnica as possible, and prevent its irritating and erysipelatous effects. The patient was put to bed for a few days. There was no more hæmorrhage and the cut surfaces soon healed and in about six weeks the ephithelium had completely covered the cut surface and left no hard cicatrix. In less than one week she was up and running around town as usual. There was no more complaint of painful copulation, and in less than three months she became pregnant, the outcome of which I shall look to with considerable interest.

This is the first and only case of the kind that has ever come under my special care, and from what I can learn are excessively rare.

TWO CENTRE SHOTS.

J. J. STURGUS, M. D., Tacoma, W. T.

The two following cases did not occur among my Indian patients, but they illustrate so well the prompt action of the properly selected remedy, that I insert them here.

CASE I.—*Amenorrhœa*, Nellie G., age 21, unmarried. Since coming to this country four years ago, has always suffered from suppression of the menses during the winter months. Through the summer she is perfectly regular, and through the winter seems to suffer no particular inconvenience while the function is suspended. She is weak and

delicate, and the old school physician who tried unsuccessfully for five months to establish her courses finally relinquished the case, stating that nothing could be done for her, that she would have to wait for nature to come to her aid. The fact that her disposition was wavering and her feelings generally improved when out in the open air led to the administration of Pulsatilla 30. The function was established in two weeks—the time for her to be unwell—the first time during the winter months for four years. As the time for her next period has not arrived yet, I cannot be sure that the relief is permanent.

CASE II.—*Menorrhagia*, Mrs. B., age 40, has always been regular as to her periods until last fall, when overwork of mind and body brought on a very profuse flow. This continuing longer than usual, and being unable to check it with the usual domestic remedies, she became alarmed and placed herself in the hospital of a neighboring city for treatment. Being only partially relieved after a weeks sojourn there she returned to her home and came under my charge. The following symptoms elicited were characteristic: has always been constipated; stools large and difficult, with constant desire; sleeps poorly after four o'clock. These symptoms together with the fact that she had been drugged made the choice certain. She received Nux 3, at intervals of four hours. The hæmorrhage decreased from the first taking of the medicine, and on the second day ceased entirely. Now, four weeks since she came into my hands, she states that she is improved in every way—sleeps soundly, and has but little trouble with her bowels.

CAUSES OF DISEASES PECULIAR TO WOMEN.

T. L. BROWN, M. D., Binghamton, N Y.

The fact that the majority of the female sex are invalids, and make up the greatest number of our patients is a suffi-

cient reason why we take the liberty to give our views upon the causes of their most frequent diseases.

Impure air, want of bodily exertion, improper clothing, unwholesome food and drink, emotional conditions and sudden changes of bodily temperature are among the most common causes of their peculiar diseases. Their failure to produce as needed the necessary quantity and quality of arterial blood most fully accounts for their universally enfeebled condition. Retained venous blood does its poisonous work upon the brain, nerves and bodily tissues. Prebreathed air and want of sufficient bodily regular exercise, combined with clothing which obstructs the free circulation of all fluids of the body, and especially the blood, are among the causes not the most easily removed by the physician.

Constant breathing of the out-door air, either by remaining out of the house or letting it daily and nightly enter the same, is the first and most indispensible requisite. Daily bodily exertion sufficient to make all the requisite blood and bodily changes, without which no increase of perfect blood cells or repair of bodily tissues can take place. Clothing so fitted that every organ and portion of the body may receive its full supply of nutritive support from the blood. All of which, to a certain extent, depends upon temperature, clothing and well-timed activities.

The article of clothing which demands our first and most active condemnation is the fashionable corset. I am satisfied its daily use is the cause of mal-nutrition, leucorrhœa, prolapsus uteri and a variety of hysterical symptoms. Dysmenorrhœa and every chronic disease common to the sex is aggravated by this deforming article of clothing. The young woman or the school miss who compresses her chest and abdomen by a corset soon unfits herself for all the most important duties of her life. She becomes in consequence the subject of study for the modest, gentle practitioner, who makes a large bill but dares not talk corset. After a time

he justly loses his reputation and the patient her confidence in the flattering and agreeable doctor. Remove her corset and put her in the kitchen to help her mother and then the pleasant doctor will miss his ill-gotten fee. The improved patient will not be the straightened associate of others who seek the silly admiration of the enfeebled who frequent fashionable gatherings.

A strife for health is more to be commended than one for fashionably produced incurable disease. Will remedies in any form cure the diseases caused by the use of the corset? Here we show one of the substitutes which has been tested and found to be fully non-productive of disease. It is not a patent or a fraud. To be natural is to be healthy and happy. Medicine can, and when properly used will do what nothing else can do, and so will removing the corset. There can be no substitute in the form of medicine or stimulants which can take the place of pure air, suitable clothing or regular and sufficient bodily exercise. Physiological food has no substitute. Pure water has always defied all other drinks as more healthful and safe.

A reform in the methods of investigating and removing the causes of diseases peculiar to the sex, will place our observations nearer the forms of matter which govern the organization and repair of the physical form. Without the requisite material wisely used in the most suitable climate health is impossible. *Doctor's promises never cure.* Our wives and daughters will remain diseased just so long as they take drugs to purify the air, loosen the corset, supply loss of exercise, or for improper food or drink. Coffee, tea and condiments, as food, disease many a stomach and brain. How many physicians live and obey the rules of health they teach their patients? Like physician, like patient.

There has been much written and said in favor of hygiene and the laws of health. How little is daily practiced. Only just so much as common suffering and close attention compel the wisest and fittest to practice or die. Are we

compelled to kill the idiots and fools with liquor, tobacco, coffee, tea, bad air, fashionable clothing, late hours and want of bodily rest and exercise, that the wisest and fittest may live and enjoy their knowledge and labor results.

As physicians we should dare to make plain the causes of disease and rigidly practice just as we teach. On the health of the mothers and daughters rests the physical, the intellectual and moral advancement of the race. To be true and successful physicians we should give more physiological advice and less medicine. Two-thirds of the most common diseases peculiar to the sex can be cured by removing the causes. The profession will continue to lose the confidence and support of the educated layman just so long as they rely upon drugs when other and better means would cure their patients. We may as well try to raise corn in a snow bank as to cure some persons without changing their daily habits of living. Every disease has its mechanical and chemical cause and cannot be cured without removing the same. Doctors promise, physicians cure. The former depend upon drugs and medicines; the latter upon making their patients live a better physiological and hygienic life. —*Proceedings N. Y. State Society.*

ALBUMINOUS LEUCORRHŒA.

HENRY MINTON, M. D., Brooklyn, N. Y.

The following named remedies stand deservedly high in the treatment of albuminous leucorrhœa: Alumina, Ammonium mur., Berberis, Borax, Bovista, Calcarea carb., Calcarea phos., Hydrastis, Platina and Sulphur.

I shall endeavor to differentiate the characteristic peculiarities of these several remedies, to compare one with another, that their relationship may be defined, in the hope of fastening in the memory of the student a permanent picture of each particular sphere of action and range of adaptability.

To learn simply that a leucorrhœal discharge possesses one or two peculiarities is not sufficient data upon which to base a scientific prescription. All the above remedies have one prominent symptom, namely, *albuminous discharge*, emphasized in a marked degree, but it is not for a moment to be supposed that they are interchangeable, that one is as appropriate, and will produce as favorable results as the other in all cases where albuminous discharge is the prominent manifestation; not by any means. There are other factors that must enter into the count. The character of the discharge, be it thick or thin, light or dark, acrid or bland, profuse or scanty, time and condition of aggravation and amelioration, together with the concomitant symptoms and general habit of body; all these points must be carefully studied and compared with the pathogenetic effect of our remedial agents before a reliable index can be established which will decide the choice between a number of remedies all of which, at first sight, are seemingly equally well indicated. For instance, if we were going to prescribe for a case of leucorrhœa with profuse albuminous discharge as the leading indication, we could call to mind a number of remedies all covering that particular symptom equally well, but when upon further inquiry we ascertained that the discharge was unattended with pain or sensation of any kind, our list of available remedies would be so narrowed down that but three would be left from which to choose, namely, Alumina, Borax and Platina. If a closer scrutiny elicited the fact that the discharge *flowed only in the day time* Borax would have to be discarded and the choice made between Alumina and Platina, and if on pushing our investigation still further, which we must do in order to settle the question at issue, we find in addition to the *profuse albuminous leucorrhœa flowing only in the day time*, the patient complains of a peculiar *pain in the back as from a hot iron thrust through the lower vertebra*, Platina would be eliminated and Alumina left the sole representative—the simillimun.

It is essential that we should understand and appreciate the minute shades of difference that exist between different remedies of similar character, and how often these slight differences influence or decide the choice of a remedy. It is also well on all occasions when prescribing for the sick to remember that there is but one best remedy, one simillimum, and that one we must seek for and *find*, single out and recognize by our acquired knowledge of its characteristic features, if we would be accurate and successful prescribers.

In the remainder of this paper it will be observed that the same thing has been said in a plurality of places, this is not inadvertent tautology, but intentional reiteration, as the writer believes that repetition—"line upon line, precept upon precept"—is the only sure road to mental acquirement.

ALUMINA.

Profuse, yellow, corroding discharge, worse before and after menstruation.

Acrid—(Amm. c., Bovis., Berb., Sulph.,) excoriating *transparent* leucorrhœa before and after menstruation and during the intervals, (midway between the menstrual periods. *Borax*).

Acrid leucorrhœa with burning in the genital organs, (Amm. c., Berb., *Borax, Calc. c., Sulph.*,) soreness in the vulva, (Berb., Bovis, Sulph.,) and rectum, rendering walking difficult.

Leucorrhœa with smarting in the pudendum and itching in the vagina (*Calc. c., Sulph.*)

Leucorrhœa like *cream*, (like *milk Calc. c.*, Sabina, Sepia, Silicea).

Abundant discharge of transparent mucus flowing *only in the day time* (Lac. c., *Plat.*, Sepia,) attended with great weakness and a sensation as if everything would fall through the vagina.

Profuse leucorrhœa *only in the day time*, (Lac. c., *Plat.*,

Sepia,) without pain or any sensation (*Plat.*) Platina and Alumina each have *an abundant albuminons discharge flowing only in the day time*, without pain or sensation of any kind; each has sensitiveness of the vagina and external parts; in both the discharge is aggravated before and after menstruation. No other remedies as far as our memory recalls have this characteristic combination of symptoms. For a further comparison of their similitudes compare Platina.

Painless leucorrhœa, (Amm. m., Borax, Platina.)

Throbbing in the vagina as from an abscess.

Burning and soreness in the vagina (Amm. c., Berb., Borax, Calc. c., Sulph.)

Cervical leucorrhœa, (*Calc. c.*, Sulph., Hydras.)

Transparent mucus *in large quantities running down to the feet.* Berberis has a somewhat similar discharge, but which unlike Alumina is attended with a constant soreness along the whole course of the urethra. Bovista has also a *profuse albuminous* discharge *like the white of an egg*, but it does not draw out in strings, but *drops out in a coagulated mass or clot.* Borax also has a *profuse albuminous* discharge *like the white of an egg* much resembling that of Alumina and Bovista, but it does not drop out in a coagulated mass nor draw out in strings, but its escape from the vulva is *attended with a sensation as of warm water passing.*

Chronic leucorrhœa; discharge clear like water, or of transparent mucus, stiffening the linen (*Kreos., Lach.*).

Discharge of flesh colored liquid after the menses (*Nit. ac.*) or between the menstrual periods, especially in the afternoon and evening.

Itching in the vulva (Calc. c., Hydras. Sulph.).

Leucorrhœa *relieved by cold washes* (Merc.).

Burning in the rectum.

Pains in the vagina running up to the chest.

Pain in the back, (Amm. m.,) *as though a hot iron were*

thrust through the lower vertebræ. The back pain of Amm. m. is as if *bruised* or *crushed*, especially at night.

Alumina is adapted to chlorotic women with morbid appetites.

AMMONIUM MUR.

Albuminous discharge *like the white of an egg* (*Borax, Bovis., Calc. p.*) *preceded by pinching pain about the umbilicus* (*Silicea, Sulphur.*).

This remedy like Borax, Bovista and Calc. p. has a *profuse albuminous* discharge *like the white of an egg*, but unlike them the flow is *preceded by a pinching pain about the umbilicus.* Platina has the same pain but not so well marked. It is a characteristic symptom of *Sulphur* and *Silicea.*

Leucorrhœa with great tension about the abdomen, without collection of wind.

Brown, slimy discharge after menstruation, *painless or preceded by pinching pain about the umbilicus*, (Magn. c., Plat., *Silic., Sulph.*).

Violent pain in the small of the back especially at night. Alumina has also a severe pain in the back in connection with leucorrhœa, but it differs from the pain of Amm. m. The Alumina pain is as though a *hot iron were thrust through the lower vertebræ*, the Amm. m. pain is as if from a bruise.

BERBERIS.

Albuminous leucorrhœa before menstruation, (Alum., Bovis., Calc. c., Calc. p., Hydras.,) with intense burning after urination, and soreness along the whole course of the urethra.

Acrid leucorrhœa, (Alum., Berb., Borax, Bovis., Calc. c. Sulph.).

Leucorrhœa producing great prostration, (Alum., Berb., Calc. c., Calc. p., Hydras.). Alumina is attended with a great weakness and a sensation as if everything would fall through the vagina. Calc. c. has great weariness with a

sinking and trembling at the stomach. Hydrastis has prostration at the epigastrium, and violent, continued palpitation of the heart. Calc. p. has great feeling of weakness in the sexual organs.

Grayish mucous discharge, (bluish, amber, flesh-colored fluid, Alum., Nit. ac.) vagina sore and painful.

BORAX.

White albuminous *discharge, like the white of eggs, (Amm. m., Bovis., Calc. p.,) or like starch, with a sensation as if warm water was escaping.* Alumina has a somewhat similar discharge, but it is viscid, tenacious and strings down to the patient's heels. Berberis has a like discharge, but unlike Alumina is attended with a constant soreness along the whole course of the urethra. Bovista has a profuse albuminous discharge like the *white of an egg*, but it does not draw out in strings, *but drops out in a coagulated mass or clot.* Borax has the same profuse albuminous discharge *like the white of an egg*, much resembling that of Alumina and Bovista, but it does not drop out in a coagulated mass, nor draw out in strings, *but its escape from the vulva is attended with a sensation as of warm water passing.* We do not call to mind another remedy having, in any marked degree, this latter symptom, we believe it belongs exclusively to Borax.

Leucorrhœa white as starch, perfectly bland and without pain. Alumina has the same bland painless discharge, but unlike Borax *it flows only in the day time.*

Leucorrhœa *midway between* the menstrual periods.

Leucorrhœa attended with great general nervousness. She is easily startled and cannot bear a downward motion, as going down stairs, as the downward motion of a rocking chair or riding on horseback. This anxious feeling on downward motion is peculiar to Borax.

BOVISTA.

Leucorrhœa before or after menstruation, (Alum., Berb., Calc. c., Calc. p., Hydras., Plat., Sulph.).

Thick, viscid *albuminous* leucorrhœa (Hydras., Kali b.).

Leucorrhœal discharge *like the white of eggs*, (Amm. m., Borax, Calc. p.,) *especially when walking, dropping out in a coagulated mass or clot* (Ars.). Berberis has a somewhat similar discharge, but which, unlike Bovista, is attended with a constant soreness along the whole course of the urethra. Borax has a profuse albuminous discharge *like the white of eggs* much resembling that of Alumina and Bovista, but it does not drop out in a coagulated mass nor draw out in strings, but its escape from the vulva is attended *with a sensation as of warm water passing.*

Leucorrhœa of a yellowish green color, acrid, corrosive, leaving green stains upon her clothes. Berberis has a grayish mucous discharge; very thick, tenacious mucous discharge *especially when walking*, (Hydras., Kali b.,).

Soreness of the pudendum, labia and thighs occasioned by the excoriating discharge.

CALCAREA CARB.

Leucorrhœa like *milk* (like *cream*, Alum.).

Leucorrhœa *before* and *after* menstruation, (Alum., Berb., Bovis., Calc. p., Hydras., Plat., Sulph.).

Leucorrhœa with *burning* and *itching* of the vulva. This symptom must not be confounded with the constant soreness along the whole course of the urethra which belongs to Berberis.

Milk-like discharge during micturition or flowing only at times.

Cervical leucorrhœa, the discharge being *albuminous and attended with great lassitude and debility*, (Alum., Berb., Calc. c., Calc. p., Hydras.). This discharge like that peculiar to Hydras. comes from the *cervical canal.* Calc. p. has also a moderately profuse albuminous discharge from the os, but the flow is confined to a few hours in the morning just after rising, and possesses a peculiar *sweetish odor* (Merc.).

The leucorrhœa of Calc. c. is attended with great *lassi-*

tude and debility. Alumina with a great weakness and a sensation as if everything would fall through the vagina. Hydrastis has prostration at the epigastrium and violent continued palpitation of the heart. Calc. p. has great feeling of weakness in the sexual organs. Borax has great nervous weakness.

Sinking and trembling at the stomach (Hydras.).

Burning pains in the cervical canal. This symptom is peculiar to Calc. c., Kreos., and Sepia, each has a *burning* pain, but one is through the cervix and the other deep in the pelvis, but the burning pain of Calc. c. is referred by the *patient to the mouth of the womb.* I do not call to mind any other remedy with exactly this symptom. Burning, itching and smarting in the genital organs is common to all these remedies, but it is most marked with Calc. c., and Sulphur.

Sharp stitches in the cervix uteri. Sepia has this symptom but the discharge is quite different from that of Cal. c.

Much mucus between the labia and thighs, with biting pain, especially *leuco-phlegmatic subjects* (Kali b.).

Aching in the vagina and itching in the pudendum.

Increased leucorrhœal discharge after any excitement.

Voluptuous sensation in the genital organs, (with oppressive anxiety and palpitation of the heart, Plat.).

Leucorrhœa in little girls (Merc. prot. iod., Sepia).

Leucorrhœa in women *subject to a too copious and oft-recurring menstruation.*

CALCAREA PHOS.

Leucorrhœa *after* menstruation, (Cal. c., Bovis., Hydras., Plat., Sulph.,) as the menstrual flow diminishes the leucorrhœa increases, the discharge *looking like the white of eggs.*

Leucorrhœa more in the morning after rising, of a sweetish odor, (Merc.; smelling like ammonia, Amm. c.; like green corn, Kreos.; like old cheese, Hepar. s.; like the menses, Caust; pungent, Kreos.).

Great feeling of weakness in the sexual organs, worse after stool and urination. The leucorrhœa of Calc. c. is attended with great *lassitude and debility*; Alumina, with great weakness and a sensation as if everything would fall through the vagina. Hydrastis has prostration at the epigastrium and violent continued palpitation of the heart. Borax has great nervous weakness.

HYDRASTIS.

Tenacious, viscid, thick, yellow leucorrhœa either vaginal or uterine.

Mucous leucorrhœa, the discharge *hanging from the os in long, viscid strings.*

Thick, ropy, yellow leucorrhœa (Crocus, Kali b., Nit. ac., Sabina).

Profuse albuminous leucorrhœa accompanied with great sexual excitement and severe pruritus (Kali b.).

Profuse, debilitating (Alum., Berb., Calc. c., Calc. p., compare Calc. c.,) albuminous discharge immediately *after* menstruation.

Leucorrhœa complicated with hepatic derangement and constipation.

Tenacious discharge with prostration at the epigastrium and violent, continued palpitation of the heart.

Engorgement and superficial ulceration of the cervix and vagina with tenacious discharge.

Pruritus vulvæ (Kali b.,).

Hydrastis has a *thick, yellow, tenacious*, viscid discharge quite unlike any found in connection with the other remedies now under consideration. As already stated Alumina has a thick albuminous discharge extending in shreds, but it is light in color, or at least usually is; described in the books as *transparent mucus*; that of Berberis is of a grayish color; Borax is white like starch; Bovista is like the white of eggs and in coagulated masses; Platina has a thick albuminous discharge, flowing like Alumina *only in the*

day time, but that of Hydrastis is *thick, ropy*, and *yellow*, which peculiarity it would be gross negligence to overlook. Crocus, Kali b., Nit. ac. and Sabina have a discharge similar to that of Hydras., but their *dis-similarity* in all other respects is sufficient to prevent confusion.

The profuse albuminous discharge of Hydrastis is accompanied with great sexual excitement; Calc. c. has voluptious sensations in the genital organs; Calc. p. has a sensation of weakness in the sexual organs; Platina has voluptuous tingling in the pudendum, and oppressive anxiety with palpitation of the heart; Hydrastis has pain in the lower part of the back, so have Alumina and Amm. m. The back pains of Alumina are *as though a hot iron were thrust through the lower vertebra*; Amm. m. has a *violent pain in the small of the back*, especially at night.

PLATINA.

Leucorrhœa especially in women who suffer from constipation, owing to the *glutinous nature of the excrement* the stools adhere to the rectum and anus like soft clay.

Albuminous leucorrhœa flowing only in the day time, with sensitiveness of the vagina and external parts (flowing *only in the day time* belongs also to Alum. and Lac. c.).

Leucorrhœa with pinching pains in the abdomen (Amm. m., Magn. c., Silic., Sulph.), pressing down in the groin or in the pudendum, or alternating between the two.

Leucorrhœa without pain or sensation (Alum.), especially after micturition, or when rising from a seat (when lying down Pul., when standing up Ars., when walking Bovis.).

Leucorrhœa *before* (Alum., Berb., Bovis., Calc. c., Sulph.), and *after* (Alum., Bovis., Calc. c., Calc. p., Hydras.) menstruation.

Voluptuous tingling in the pudendum and abdomen with oppressive anxiety and palpitation of the heart. Calc. c. has also a voluptuous sensation in the genital organs. Hy-

drastis has great sexual excitement. Calc. p. has a great sensation of weakness in the sexual organs.

Platina and Alumina have a striking resemblance to each other. Alumina, like Platina, has an *abundant albuminous* discharge flowing *only in the day time* without pain or sensation of any kind, no other remedies have this characteristic combination of symptoms. Both have sensitiveness of the vagina and external parts, in both the discharge is aggravated before and after menstruation. Alumina has pain in the back *as though a hot iron were thrust through the lower vertebra.* Platina does not have this pain. The leucorrhœa of Alumina is *relieved by cold* washes, not so with Platina.

A distinguishing features for Platina is its peculiar constipation, owing to the glutinous nature of the excrement the stools adhere to the rectum and anus like soft clay. Alumina stools are hard, dry and knotty, like sheep's dung.

SULPHUR.

Leucorrhœa before the menses (Alum., Berb., Bovis., Calc. c.).

Leucorrhœa *preceded by cutting colic or pinching pains around the navel.* Amm. m. has this same symptom equally well emphasized. Platina has it also but not so well marked. It is a characteristic symptom of Silica and Sulphur.

Scanty, *acrid* leucorrhœa, with *soreness of the vulva* (Alum., Amm. c., Bovis., Calc. c., Hydras., Plat.).

Smarting, burning, thin discharge, especially in the morning after rising.

Leucorrhœa thick, yellow (Alum., Kali b., Hydras.) and moderately acrid.

Leucorrhœa smarting like salt. (Cham., Con., Phos., Silic. and a few other remedies have *smarting* leucorrhœa but none have the peculiar smarting as from salt).

Mucous leucorrhœa *before* the menses.

Bearing down pains, worse when standing. (Alum., Nit. ac., and Sepia have this symptom also well marked).

Burning in the vagina producing great uneasiness, she is scarcely able to keep still.

Severe itching and burning at the pudendum and vulva (Alum., Berb., Bovis., Calc. c., Hydras.). She must scratch till the parts bleed, scratching *relieves* the itching. Mercurius has violent *burning following* scratching.

Smarting and itching greatly aggravated at night (Merc.); she has to rise and bathe the parts several times during the night in order to obtain sleep. Alumina and Mercurius also have an itching in connection with leucorrhœa which is relieved by bathing in cold water.

Burning in the soles of feet, and heat in the crown of the head.

Sense of coldness of the feet though they are not cold.

Inveterate cases of leucorrhœa with discharges of all kinds and colors.

Heat on top of the head, flushes of heat passing off with slight perspiration and feeling of great weakness.

Strong craving for nourishment at about eleven o'clock every forenoon.

Sulphur covers a wide pathological field, it embraces almost all the symptoms of all the remedies we have enumerated, still it cannot supplant either of them. By virtue of its similarity it is often required to combat every kind of leucorrhœal discharge, and also when not significantly indicated and the seemingly appropriated remedy fails to act or produces but transient improvement its timely administration will prove of incalculable service.

In selecting Sulphur the peculiarity of the discharge is not, in our estimation, the prime factor for our consideration, but rather the general constitutional defection, as exhibited by the totality of the symptoms. By "totality of symptoms" we mean everything pertaining to the patient from a far removed hereditary predisposition to the latest and most minute subjective and objective symptom.—*Proceedings N. Y. State Society.*

SURGERY.

A CASE OF TOTAL EXTIRPATION OF THE LARYNX.

ROSWELL PARK, A. M., M. D.
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American cases of total extirpation of the larynx have been so few in number that I do not hesitate to report the following in this place, although a clinical lecture based upon it has already appeared.* The case was in the person of a medical gentleman, 64 years of age, whom I first saw in consultation with Dr. F. W. Hinkel, of this city. The doctor has kindly furnished me with some notes on the case from which I extract the following:

"Dr. P., first seen October 9, 1884. His voice was shrill, discordant and very stridulous. He gave his age as 63 years. He had the appearance of rugged health, but stated that while a youth he had been "sent away to die of phthisis." After his graduation in medicine he developed perfect general health, which he has since retained, in spite of much abuse in civil and military life, and by excessive smoking. Said he had used as many as twenty cigars a day. He dated his throat trouble from an attack of acute laryngitis after great exposure in the early years of our civil war. Since then, has been annoyed by occasional attacks of hoarseness and sore throat, which gradually became more frequent, continuous and severe, until, in the last few months, his voice had fallen into its present condition. Lately there were occasional darting pains through the region of the larynx. He had a hacking cough—especially at night—with little expectoration and no pain. Occasionally he had attacks of dyspnœa, which he termed "asthmatic attacks." Otherwise his personal and family

*_Med. Press_ of Western New York, December, 1885.

history were good. He had never had a laryngoscopic examination.

"The oro-pharynx was found unusually small in proportion to the size of patient, much inflamed and extremely irritable. The arches of the palate were swollen and red. The uvula was of a purplish-red color, much thickened and covered with corrugated mucous membrane, but not œdematous nor elongated. The laryngoscopic examination was made with difficulty, owing to excessive faucial irritability. It revealed deep congestion and puffiness of the mucous membrane in the supraglottic portion of the larynx. The ventricular bands were swollen, deep red in color, and not clearly defined. The location of the vocal bands was filled with two reddish-grey, irregular, sessile growths, apparently filling the ventricles on either side and covering both vocal bands. By careful examination they could be seen to extend on each side over the lateral walls of the sub-glottic portion of the larynx, so that the bulk of the growth was sub-glottic. The glottis was much and irregularly encroached upon. A tooth-like process from the posterior third of the right growth, and a similar process from the anterior portion of the left growth, transformed the chink into an irregular Z-shaped opening. The sub-glottic larynx was irregularly contracted in its lateral dimensions, rendering it impossible to see beyond the growths. The further encroachment upon this small breathing space by the swelling incident to acute congestion readily explains the 'asthma' from which he suffered at times. There was no ulceration present. The cushion of the epiglottis was swollen, but probing did not show marked tenderness over it or the growths. These latter I regarded as papillomata, but feared there was beginning epitheliomatous degeneration. Believing their complete removal *per os* to be impossible, I made use of soothing alterative applications, and warned the patient of the great possibility of malignant degeneration at his age, and of the possible future advisability of thyrotomy or even extirpation of the larynx.

"After a few days he disappeared suddenly from my observation. He came under my care again for a few days on January 8, 1885. He had been under Dr. Elsberg's care, in New York, in the interim. The condition and appearance of his throat were much the same as when first examined. On April 20 I saw him again. He stated there had been some operative procedures by Dr. Elsberg. Owing to the unfortunate death of that eminent laryngologist it has been impossible to obtain, with any exactness, his prognosis or treatment of the case. An examination showed but little change in the growths, and that for the worse, the glottis being smaller and the growths more redundant. The patient was suffering at the time from a severe pharyngitis. The uvula was much inflamed, and dyspnœa was quite marked. Under treatment this disappeared, and the patient with it.

"I again saw him on June 10. In the interval he had visited Philadelphia, and was there seen by Drs. Seiler, J. Solis Cohen, and others. His condition was now changed much for the worse. There were darting pains through the larynx and into left ear. Voice was gone completely. His breathing was noisy, difficult and hurried. Pulse rapid and weak. Sleep was disturbed, and had often to be taken sitting up, on account of sudden attacks of dyspnœa. He was losing his strength and spirits. The left ventricular band presented, on its anterior third, a smooth, rounded tumor, of deep red color and considerable density, shading into the surrounding congested mucous membrane. The growths over the vocal bands had increased somewhat in size, but were not ulcerated. There was exquisite sensitiveness over the cushion of the epiglottis and over the new formation in the ventricular band, when probed. The case being now plainly one of epithelioma, I seriously broached to him thyrotomy, or extirpation of the larynx, as the only means of relief from the disease, and explained that tracheotomy might be rendered necessary by the slightest

diminution of his air-space by inflammatory swelling. Some indiscretion on his part precipitated an acute congestion of his larynx, and on the morning of June 14 I found him in my office, laboring for breath, weak, excited and somewhat cyanosed, after a sleepless night spent in a struggle for life. Finding tracheotomy necessary at once, I hurried him home."

It was in the condition thus described that I found the patient. As he was in danger of immediate suffocation there was no difference of opinion as to the immediate necessity for tracheotomy. This was consented to, and at once performed. So little breathing space was there that we even feared to give an anæsthetic; we therefore urged that it be borne without. A syringe of cocaine (four per cent.) solution was injected under the skin in the middle line of the neck, and the ether spray used as a local anæsthetic. With Dr. Hinkel's kind assistance operation was at once begun.

But pain was by no means abolished, and on this account the procedure was prolonged. Finally, after dissection was partly accomplished, and the deep parts so far exposed that, in case of necessity, the trachea could be roughly and quickly opened, the patient's demand for chloroform was acceded to, and it was carefully administered.

No small difficulty was experienced in properly exposing the trachea, and the operation was, hence, annoyingly prolonged. Even after its exposure the proper introduction of the tracheal tube was rendered very difficult; and the introduction of wires sutures through skin edges and the margins of the tracheal opening, as I had contemplated, was impossible. Full anatomical explanation of these difficulties was furnished by the subsequent operation, which showed that the trachea not only lay at an unusual depth, but had undergone a considerable calcification (senile) by which it had lost most of its elasticity. Desisting then from this effort a tracheal tube was finally introduced.

Relief was immediate, and in two days he was up and about his room, and had recovered from the physical exhaustion of his nearly complete apnœa.

During the latter part of the first week there was a mild amount of nocturnal delirium, which we were then inclined to ascribe to the influence of opiates, but which, in the light of subsequent developments, we had to consider traumatic in origin.

The tracheotomy wound granulated so rapidly that in the absence of sutures the tube could not be kept in place, but was crowded up and out by the healing process. But the more or less inflamed and tortured larynx, even though filled up with growth as it was, had had a week's rest, and after the removal of the tube he breathed with considerable ease.

The time had now come when the patient, who had a full realization of his predicament, must either decide on some still more radical measure or await death from extention of the disease. In favor of extirpation spoke the excellent physical condition and powers of endurance of the patient, and the fact that no cancerous cachexia was to be noted, and that there was no sign of any involvement of parts outside the laryngeal box. Against it spoke only the known dangers of the operation. Our advice was in favor of operation, and this was also the advice of Dr. Carl Seiler, of Philadelphia, who saw him while on a trip to the West. The patient made his choice of radical operation, after a full presentation of its advantages and dangers.

Accordingly, he took a private room in the Buffalo General Hospital, where he was prepared for operation. On June 28, 1885, complete extirpation of the larynx was performed. During it I had the valuable assistance of Dr. Phelps, who kindly took charge of the anæsthetic (chloroform one per cent. of amyl nitrite), of several other of my colleagues of the hospital staff, and of Drs. Seiler and Hinkel.

It was necessary to make a long incision, in the middle line, which ran from a little in front of the body of the hyoid to one inch below the upper end of the sternum; this, as the head was drawn backward over pillows, made it about six inches long. In it were included the remains of the previous tracheotomy incision. Careful dissection was then made down on either side of the larynx and trachea; the muscles attached to the sides of the larynx were peeled back with a sharp periosteum elevator. This separation of soft parts on either side was carried as high as the hyoid bone and as low as the second or third ring of the trachea. Vessels were caught in hæmostatic forceps as fast as they bled, and tied later with cat-gut; about twenty-five hæmostatic forceps were employed, once or twice all being in use at the same time. Up to this time patient had breathed his chloroformized air by the mouth. At this time, after the deep parts had been well exposed, and the lateral portions held aside with retractors, and after my fingers had pretty completely separated the trachea from the œsophagus, it was thought best to open the thyroid cartilage for exploratory purposes. This was no easy task, and sharp cutting bone forceps were necessary before it could be accomplished, so firmly was it calcified. By this exploration it was quickly noted that the growth was well confined within the laryngeal walls. So without further loss of time the trachea was divided, first longitudinally through its upper three rings, and then transversely between the first and second ring. A Trendelenberg tampon tracheal canula was then inserted, but its rubber balloon proved faulty; consequently I packed sponge around its main tube and used it as an ordinary tracheal tube, save that the tube and funnel for the anæsthetic connected with it were utilized during a part of the remaining time.

The larynx and upper tracheal ring were now rapidly separated from the œsophagus, and, after this separation was complete from below, the thryo-hyoid membrane was

divided and then the remainder of the lateral walls of the lower pharynx. The constrictors were dissected off from their insertions into the larynx, and the whole removed in one piece. Hæmorrhage was checked, and then the parts explored for evidences of any extra-laryngeal suspicious tissue. None was found here, but I decided to remove the uvula, which had been for some time very sensitive, and in which a little firm nodule was felt. The upper part of the epiglottis, with its glossal and lateral connections, was also left *in situ*.

Particular attention was then given to every bleeding point, and hæmorrhage, which had at no time been alarming or uncontrollable, was perfectly checked. A little blood had run down the trachea and was coughed up at intervals. The tracheal tube was then removed and a strong silk suture introduced on either side, through the skin and the uper tracheal ring, which, it will be remembered, had been split vertically. These were the only sutures used, and were for the purpose, not of trying to pull the trachea up in the neck, but simply of holding it well to the front. A large single tracheal tube of aluminum, made for the purpose, was then introduced and held by tapes around the neck. Over its upper surface fell the anterior cut margin of the œsophagus. Iodoform was dusted sparingly throughout the wound, and the whole cavity carefully packed with iodoform gauze, so arranged that a pathway to the œsophagus was left, this latter being lightly plugged with the same material.

Further details of the case and of its after treatment are deemed unnecessary here. I will simply add that shock was comparatively slight and reaction satisfactory. Beginning five hours after completion of the operation, food was regularly administered every four to six hours, the œsophageal tube being introduced through the wound.

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was noticed that he seemed a little dazed, and his written messages were somewhat incoherent; and I was reminded of his similar condition after his previous operation. Late in the evening of the sixth day, while apparently asleep, and being watched by one pupil of the training school for nurses, he suddenly jumped out of bed, threw up a window (second story) and made ready for a spring. The nurse seized him by his night-clothes and pulled him back. Then ensued a severe struggle, during which she was severely bruised, he endeavoring to escape and she to hold him back; in a moment her calls for assistance were answered and he was put back in bed. His acute mania was soon subdued. Next morning his temperature was only 99°, and he showed no evidences of his wild night, save that his thoughts were incoherent. In two days he had practically recovered, though his mind was not quite clear for two weeks afterward. This could not have been iodoform intoxication nor the effects of opium, because both had been used in minimum amounts; I therefore class it among those obscure cases of so-called "traumatic mania," about whose etiology we know practically nothing.

Nevertheless, after this his wound was dressed with cotton steeped in a saturated solution of salicylic acid and potassium chlorate, and to the stimulating effect of the latter I ascribe the remarkably rapid granulating process by which the wound closed. In three weeks the feeding tube was introduced through the mouth instead of by the wound, which was no longer sufficiently open. In five weeks he was wearing the tracheal portion of his artificial larynx; in six weeks the pharyngeal portion of it, was breathing through his nose once more, and was able to whisper so that he could be heard across the room. In seven weeks he was able to swallow soft solids, when the obturator of the upper tube was introduced. In eight weeks he was able, by means of the vibrating reed inserted in the tubes, to articulate with perfect distinctness.

As nearly as I can gather, never have the processes of repair occured with greater rapidity than here; in fact, as I recall the formidable wound, it seems almost incredible that healing could have taken place as rapidly as it did.

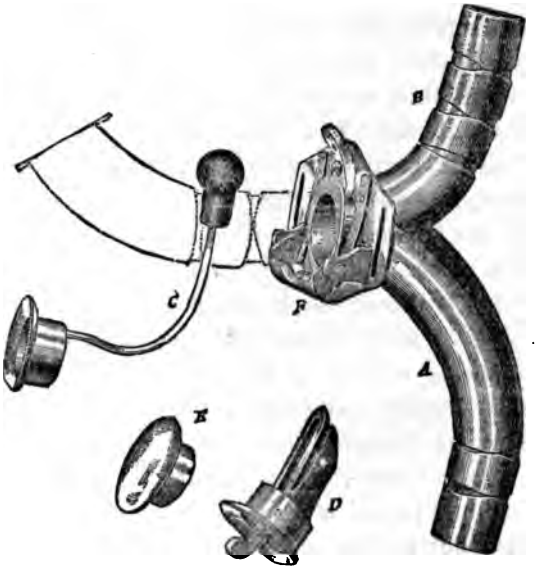


FIG. I.—GUSSENBAUER'S ARTIFICIAL LARYNX.

The patient is now wearing an almost exact copy of Gussenbauer's *artificial larynx*, made from pure silver, from a model in the writer's possession. As this has never received adequate illustration in this country a description of it is subjoined.

It consists of a tracheal tube of large size (*A*) with rings at its lower end permitting a slight motion, corresponding to the natural flexibility of the trachea. Through its front plate and through an opening on its upper curvature passes a second or pharyngeal tube (*B*), made also flexible (or not, according to the case); with an opening on its lower curved surface, so placed that a stream of air may play freely through both tubes, even though the external outlet

be closed. The upper end of the pharyngeal tube lodges behind and below the epiglottis, if this have been left *in situ*, or behind and below the base of the tongue, as the case may be. Around it the œsophagus granulates and closes, so that after the healing process is complete the only passage from the pharynx into the larynx is by way of the metal tube. In order that fluids and solids may not pass through this, an obturator (*C*) is provided, which is passed through the exteral opening and up through the tube, so that its rounded upper end plugs the upper end of the pharyngeal opening, thus preventing passage of anything into the trachea. But since this would also shut off the air, the obturator is attached below, not to a solid plug, but to a ring, as seen, which fits accurately into the external opening of the instrument, through which, then, the patient breathes so long as this plug is worn. Except at meal times a simple stopper (*E*) is worn, so that at all other times he breathes naturally through the nose and mouth. After a time, by an instinctive education of the pharyngeal and buccal muscles, the upper end of the tube is protected during the process of deglutition, and patients wearing these instruments learn to swallow readily without the assistance of the obturator.

Nothing is now lacking save a substitute for the vocal cords, something which, by vibrating in the air current, may produce a distinct *tone*.

Such a substitute is provided by a free metallic reed, like a melodeon reed, playing freely in a movable slotted bar (*D*), and fitted inside the stopper like the other one. This movable bar carrying the reed has an external lever, by means of which the wearer is enabled, with a touch of the finger, to throw it in or out of the air current, and thus—as it were—to voluntarily open or close the glottis. With this part of the instrument *in situ*, and with the reed in the air current, the metal strip vibrates as it does in the jew's-harp, and the sound thus produced is converted, by

the articulating parts above, into something more than a whisper—*into distinct speech.*

The voice, thus produced, though a monotone, is nevertheless a perfect voice in every respect save *pitch.*

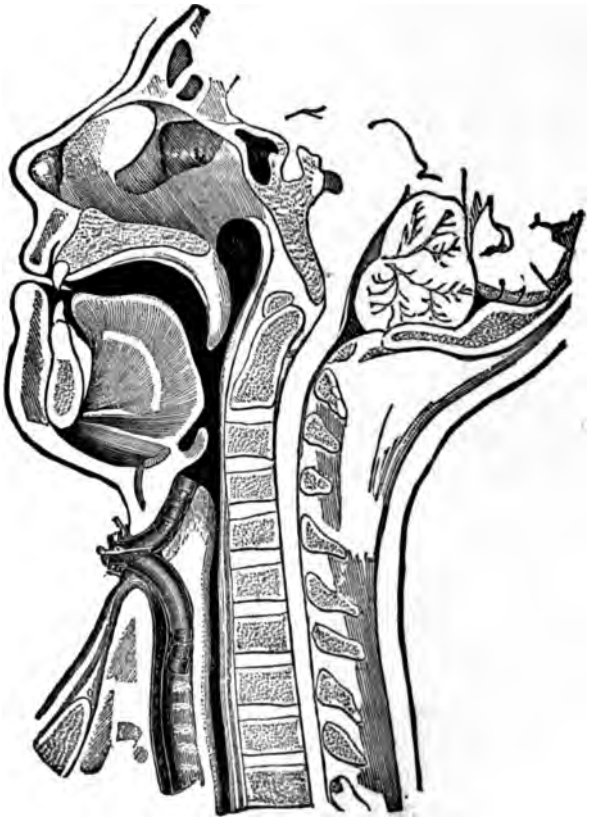


FIG. 2. ARTIFICIAL LARYNX IN POSITION.

[This figure, modified from one of Schüller's, represents the instrument *in situ.* The artist's notions of topographical anatomy have led to some distortion of the anatomical relations, but without interference with the main purpose of the illustration.]

This apparatus does not represent the first efforts that were made, even by Gussenbauer who was the first to succeed to devise a substitute for the larynx, but it shows the

nstrument in form more perfect for the majority of cases than the mechanisms of Foulis or Bruns.

At date of writing, nearly six months after the operation, the details of which have been thus given, its subject is apparently in perfect health, has gained largely in flesh and strength, goes on extensive journeys, and has even been out on a hunting trip.

Microscopic examination of the intra-laryngeal mass revealed typical epitheliomatous structure.

In the table of cases of complete laryngectomies given by Cohen in the *International Encyclopædia of Surgery* (vol. v., p. 764 *et seq.*), two only by American operators are given.

No. 28, by Dr. Lange, of New York. Recurrence of sarcomatous growth with death from asthenia seven months after operation.

No. 67, by Dr. Hodgen, of St. Louis. Death after four days.

PAINLESS DENTISTRY.

D. B. MORROW, M. D., St. Louis, Mo.

The treatment of a protracted intermittent fever by allopathic surgeons during war times ruined my teeth as it did my health, and was afterwards the means of converting me to a belief in and a practice of the similars for the cure of disease. I regarded my teeth as essentially a part of my physique, and as necessary to my health and general well-being as my strong right arm, and would as soon part with the one member as the other. I lost a few of them through the ignorance and stupidity of that special branch of the medical profession known as dentists.

During a painful hunt among these *specialists* for some one who could repair my teeth, it was discovered that they were only *mechanics*, and indifferent ones at that. One killed a nerve; all wanted to extract my teeth and replace

them with false ones, because they were so sensitive they could not remove the diseased dentine. A mercurial amalgam filling was the only other thing they knew. Those fillings only caused my teeth to decay worse, and kept them too sore to use. Judging from personal observation and the number of teeth extracted that could be made as good as new by a little painless manipulating, dentists are no wiser now than then.

In June, 1875, I requested Dr. J. W. Dennis, of Cincinnati, Ohio, to try obtunding painful and sensitive teeth with heated carbolic acid, saying at the time that dentists should be able to remove the soreness, remove the decayed dentine, place a cap over the exposed nerve cavity and a filling over that, and make a serviceable tooth. He said: "That is what we would like to do, but we have never been able." In three weeks from that time he excavated the decayed dentine from my teeth, capped five exposed nerves and placed gold fillings. The cap of the nerve cavity is is now a conductor of heat, and by this process, those teeth which were as sensitive as my eye were restored, as well as those not decayed, and have never troubled me since. He some years afterwards showed me a tooth treated in that way; the nerve cavity capped, a temporary filling placed, and neglected for a year when I examined it. New dentine had been formed, and the tooth was healed sound and well as an ulcer on the skin would heal. Dr. Dennis will verify this statement.

The above stated case shows it possible by proper treatment to restore diseased teeth by natural processes, instead of the usual ignorant method of the dentists. In my opinion dentists have done the teeth more harm than they ever did good; and I maintain, that the physician should be consulted for an aching tooth as much as for any other aching member, and that when he has cured it he should send the patient to the repair-shop of the dentist if necessary.

Each and every physician should instruct the dentist in

painless dentistry, and insist on its practice for his patrons. The above named dentist saves thousands of teeth annually, which would have to be destroyed without the use of hot Carbolic Acid or Kreasote. He was an allopathic physician and dentist of twenty-five years' practice, and deemed my process of such value as to apply for a patent on it. And yet, I have described the process to various leading dentists of the country, who ignored it because of its *simplicity*, or were not manly enough to acknowledge its utility if used.

Pine tar Kreasote, which is mild, if heated and applied to ulcerated and sore gums is an excellent remedial agent for their cure. I do not think this process of curing sensitive and decayed teeth has ever been printed and given to the public, although it has been stolen and used by several dentists who would probably not have used it if it had been given to them. The relief of pain is instantaneous.

HERING'S ADVICE. "To call a carbuncle a surgical case is the greatest absurdity. An incision is always injurious and often the cause of death. A case has never been lost under the right kind of treatment, and carbuncle should always be treated by internal medicine only." The scalpel was freely used in case of General Hancock; the world knows the result. We do not expect to teach our allopathic brethren, but Homœopaths certainly should heed the warning of the sage of Philadelphia. Never lance a carbuncle if you would avoid a funeral.

THE OPIUM HABIT is becoming prevalent in the Eastern States so that many physicians are urging more stringent legislation to govern the sale and use of this drug. As "charity begins at home," we would suggest that these physicians cease prescribing it for the palliation of every trifling ailment. The majority of opium users, we believe, can trace their first use of the drug to a physician's prescription. The Japanese long ago made it a capital crime for any native to deal in or import opium suitable for smoking.

CORRESPONDENCE.

OUR BOSTON LETTER.

I am glad again to be able to think a little through the columns of THE ADVANCE, which grows a more welcome and interesting visitor with each issue. Literary, like other friends, become more welcome as they grow more useful, with the additional advantage, however, of being capable of taking a "back seat," in the library, when it suits the humor and convenience of the recipient. The explanation of my apparent, not real, forgetfulness of contributing a modest item to your excellent monthly bill of fare, for some time, is press of work of that kind which, THE ADVANCE so well knows, can stand no neglect without risk.

HYGIENIC CONDITION OF BOSTON.

Though doctors enjoy and persist in the ancient right to "differ," I presume few will contest my assertion that our city is "painfully healthy," in the opinion of the class anxious to rapidly win the spurs and make fortunes at the same time. But should this condition so desirable by the general public, continue, you may expect to hear from me often, and notice, I hope, signs of my participation in the general happiness. Exaggeration apart, there has been less sickness here than for years, with a lower rate of mortality. And while I willingly admit the pre-eminent services of English hygienic authorities, in the preservation of public health, I can truly claim that the profession and civil authorities have worked well in the same direction in this country, especially in Boston. Sanitary measures here, of late years, have received much practical consideration, with the result of not only the decrease of disease, but the better instruction of the people in regard to the value of cleanliness and other methods of self protection. Scavenging is carefully practiced, and well-furnished hospitals, of both schools,

stand among the prominent institutions. The various foods are inspected, also, the crowded streets and suburbs receiving frequent visits from sanitary officers. From 1870 till 1880 the death-rate in England fell off nearly 4½ per cent. owing to the application of health reforms. In other words 250,000 lives were saved for a period of longer usefulness, and almost 3,000,000 cases of sickness prevented. What a vast field of physical improvement and sanitary reform do not such facts indicate as open to us in this Republic! With better muncipal regulations for the removal and prevention of nuisances, with strict inspection of such important articles of diet as milk, pure water, and the repression or material discouragement of quackery, we might achieve reforms equal to, if not surpassing, those reported by the British authorities. A world of good might be done by such beneficient measures—by a noble rivalry with the foremost nations of the Old World, in the glorious work of prolonging life and substantially improving the public health.

LECTURES BY DR. D. G. WOODVINE.

Among local events, I may notice the lectures of Dr. Woodvine, of this city, before the class in physiology at the Boston Young Men's Christian Association, which evinced ability and were largely attended. The last delivered at the beginning of last month had for subject "The Care of the Body." He made the theme very interesting, the audience showing their appreciation in many ways. He began with the admission that no general rules for this object could be prescribed, since the constitutions of people varied as well as their occupations and habits. For instance man engaged in active, out-door work requires meat and, while the temperature was low, hydro-carbonaceous substances; then those confined to the house needed more vegetable and less meat. Dr. Woodvine believes pork an invaluable food to workers in the fields, lumbermen and soldiers during a campaign. He pointed out with special pains the

importance of sufferers from hereditary taints consulting physicians, in order to secure a proper or suitable diet with the view of counteracting this bent. The use of alcohol was specially condemned as hurtful, corroborating his views with reputable authorities. Those lectures, among other good effects, have arroused not a few young men to the importance of better habits, and the correcting of sanitary shortcomings. The association was very fortunate in securing the services of so intelligent and practical a lecturer.

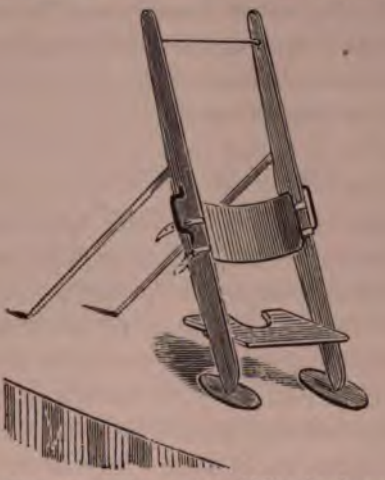
HEREDITARY TENDENCIES.

Dr. Woodvine's suggestions to the inheritors of certain morbid tendencies, are in keeping with those of the editor of The Medical and Surgical Reporter, who remarks as follows: "* * * There is a hygiene of every disease, by observance of which this tendency may be rendered latent, and ultimately eradicated." *Per contra*, Dr. H. Snow, before the British Medical Association challenged heredity in individual diseases asserting: "The belief in heredity is derived merely from popular tradition, and is wanting in any sound basis of scientific proof." While I admit with him that the existence of such belief in the popular mind, may have occasioned, in some instances, serious results, still my experience has but too often confirmed the theory of the heredity of certain diseases, whether or not the fact of the ancestral diseases was known to the descendants. Much might be said for, and against, in the case of sufferers from alcoholism. In some cases, no doubt the drunkard can plead parental or ancestral habit and example, while in many others undoubtedly the habit of excessive drinking has been cultivated, or allowed to take hold of the present sufferer, despite all the opposition of parents.

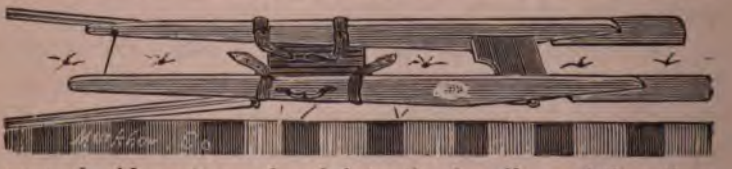
INVALID BED LIFT.

There has been recently patented in England by Dr. Newham (Agents: B. C. Viney & Co., 181 Great Portland

St., London, W.) an invalid bed-lift, which deserves to be made known in America also. It is simple in form, easily packed and very comfortable to patients. The bed-ridden sufferer or patient has to lie on his back with his knees bent by himself or an attendant, when a nurse may place



the seat, like the seat of an invalid's bed, under the legs and close up to the body, the seat being straight across the bed. The patient being neatly attached to the lift, which resembles a hand-truck, without the wheels, an attendant



on each side puts one hand into the handle, and the other under the top of the apparatus, both lifting it at the same time, placing the patient, without pain or exertion on his part, on the seat which revolves with him, leaving enough space for a commode to be placed underneath. The operation is simple and expeditious.

PASTEUR FORESTALLED.

It now appears that Pasteur and Feran have been forestalled in their theory of curing disease of microbic origin

by inoculation of the virus of that disease. Mr. Farini informs us that, while exploring the Kalahari, he found that the native savages cured themselves of the bites of the most venomous snakes by inoculating themselves with the virus gathered from the poison cysts, dried and powdered. Their practice was to make small incisions in the near neighborhood of the part bitten and sprinkle some of the powder over them. In a few days they were as well as ever. While as yet we have no positive cures to guide us as to whether Pasteur's method is perfect or not, I may say I believe in his theory, and may make known at an early day a series of experiments I have made during the last fifteen years. Even were I a sceptic as to the law of isopathy, I would hesitate to doubt Pasteur's main conclusions, for no one could be more careful and conscientious in his investigations. He is as merciless a critic in every step of his own experiments as his bitterest enemy could be, and fully weighs everything pro. and con. affecting those experiments, always satisfying himself of the value of his conclusions before making them public. In case it may not be known to some of your readers, Hering as far back as 1849 actually suggested inoculation of the rabies poison, as a prevention against hydrophobia, and it is even stated that he resorted to it in one instance.

DR. H. C. CLAPP.

The 13th annual meeting of the Boston Homœopathic Medical Society was held last month in this city, and proved an enjoyable and important occasion. After an excellent supper, the company was favored with the reading of some papers, the most valuable being from the hands of one of the eminent specialists of our school in Boston, a gentleman as distinguished for his modesty as his learning, Dr. H. C. Clapp. He took for his subject "empyema," illustrating it with details from twenty-four cases of the Radical operation for its cure, which he had performed himself, in private and hospital practice. I regret that lack of space for-

bids an adequate review of this able production, but I hope that the author will give his *confreres* the benefit of its perusal in print form, which would enable the profession to become acquainted with its many important details. The paper is written in crisp, vigorous English, and the facts and points are presented in a manner to make a deep and lasting impression. No member of our school in Boston possesses a wider experience of such cases, or is more competent to treat of the subject.

DR. F. C. RICHARDSON'S

article, "Notes on the use of Cocaine Hydrochlorate, in general practice" which was next read, exhibited like most of his productions, a practical character and his facts were presented in an interesting way to his auditors, while, at the same time, creating the impression of his having closely studied the whole subject of his useful paper.

PROSPER BENDER, M. D.

128 BOYLSTON ST.,
BOSTON, February, 1885.

THE CLINICAL TEST.

EDITOR ADVANCE:—It gave me more than ordinary pleasure when I read and re-read the correspondence published in your October number, between Drs. Peck and Allen. It forcibly reminded me of correspondence I had read in political newspapers, where the whitewash brush was kindly applied; but, of course, it is not to be supposed that the President of the American Institute of Homœopathy would condescend to resort to such means. Dr. Peck certainly develops a large share of liberality when he says: "*Prof. Allen's explanations of his position there must be regarded as satisfactory.*" Dr. Peck's experiences do not agree with Prof. Allen's statements, but he evidently distrusts the results he obtained from the 200 potency in deference to Prof. Allen's greater experience and broader culture.

We now will show how ridiculously untenable Prof. Allen's definition of his position as "a pure Hahnemannian" in reality is.

Prof. Allen says (ADVANCE, page 197 and 199): "It seems to me that Homœopathy has been steadily losing its hold upon the scientists of to-day as an accurate scientific method, largely from the fact that Hahnemann's *theories* of dynamization and the action of infinitesimals have not been clearly demonstrated, and that no amount of clinical evidence will ever be able to demonstrate these propositions as truths of nature." (Page 197): "I believe there has been no demonstration of dynamization and no proof of the power of infinitesimals, and I will not be an apostle of these *dogmas* until they have been proved to be God's truths."

This is the language used by Prof. T. F. Allen, President of the American Institute of Homœopathy. Is there a difference between a theory and a dogma? A *theory* is a general collection of the inferences drawn from facts and compressed into principles. *Theory* always implies knowledge—knowledge of a thing in its principles and causes. By *dogmatism* we understand, in general, both all the propounding and all the receiving of tenets merely from habit, without thought or examination, or, in other words, upon the authority of others; in short, the very opposite of critical investigation. All assertion for which no proof is offered is *dogmatical*. The PRINCIPLES of dynamization and of the curative action of infinitesimals are integrals of the Homœopathic healing art. The validity of principles is determined in reference to the knowledge which they give. Prof. Allen, with his "great experience and broad culture," as Dr. Peck has it, is perfectly welcome to fable about *theories* and *dogmas* as applicable to the *principles*, and as synonyms of dynamization and infinitesimals. These integral principles would have forever remained *theories* had a general collection of the inferences drawn from facts

not been compressed into *principles*. That is precisely what Hahnemann did.

Would it be an impertinent question to ask Prof. Allen how and by what means he proposes to test the validity of these principles? Does he not say that "no amount of clinical evidence will ever be able to demonstrate these propositions as truths of nature"? The validity of principles is determined in reference to the knowledge which they give. What knowledge do we seek? The knowledge to cure the sick; and if we apply the principles of dynamization and of the infinitesimals for that purpose, it must be determined by the clinical experiment, and nothing else. If, then, in every case in which these principles are carefully applied the results confirm their validity, shall we still listen to the silly, illogical, unphilosophical assertion of any individual who rejects all clinical evidence? Under what pretense any individual can pretend to be a Homœopath who rejects the principles of dynamization, the infinitesimals and clinical evidence as a valid proof of their correctness, baffles all comprehension.

There was a time when honest truth-seeking Homœopaths who doubted the principles of dynamization and of the infinitesimals made the experiment. These heroic doubters clubbed together at Vienna, and in the year 1848* published the results of their extended and numerous experiments. After a careful reproving of Natrum muriaticum in various potencies, and after numerous clinical tests, both of their own results and Hahnemann's provings, honest Dr. Watzke published to the world that he felt himself compelled, much against his previous convictions, to acknowledge that the 30th potency (the *then* highest potency used) of Natrum muriaticum had more potent sick-making and curative effects than the lower potencies. As this deliberate statement was made on conviction, these

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* Oesterreichische Zeitschrift, Vol. 4.

learned men held that the clinical experiment was the true test by which their own doubts had been removed, and they accepted the results; while to-day we are boldly told that "no amount of clinical evidence will ever be able to demonstrate the truth of the propositions thus solved as truths of nature." The bold assertions made by Prof. Allen are based on the results of clinical experiment made by HIM alone; he publishes his own clinical experiments before the medical world as evidence to sustain his new position, and at the same time, and in the same paper, rejects any possible amount of clinical evidence as valid to prove the correctness of our fundamental principles. Here is logic, philosophy and consistency for all of us. It would be well for Prof. Allen to read a paragraph or two in Blackstone, on evidence, before he opens his inkstand again—before he offers mere assertions as evidence. Many times have we taken the liberty to ask just such assertion-making men for "*evidence.*" Let Prof. Allen publish one solitary case of sickness in which a highly potentized remedy had been administered and failed to cure, but when a very low potency was administered a *cure* followed. The future of Homœopathy and therapeutics we all have at heart; but if the profession at large is treated to such a very lame definition of the position of the President of the American Institute of Homœopathy, our school will steadily lose its hold upon intelligent people, while the scientists of the day will gradually, even involuntarily, come to our aid and demonstrate scientifically the correctness of the principles of dynamization.

Prof. Allen, in clearly defining his position, commits a fatal error when he attempts to become aggressive. He says: "*I cannot tolerate those who have departed from the Master's rules and use mainly fluxion potencies, very frequently on empirical indications.*" There is a good old rule which should govern mankind; "*Do not throw stones if you live in a glass house.*" Prof. Allen has certainly de-

parted from the Master's rules when he declares that his own careful researches and experiments (clinical?) show results quite the reverse of the Master's progressive clinical experiments. *Hahnemann* ascended the posological ladder, and kept ascending as he gained more knowledge through clinical experiments. *Prof. Allen*, first profiting by the experiences of his seniors, mounted the posological ladder and from it taught the superior efficacy of high potencies; but finding himself in a (respectable) minority, he hastened down the ladder to join the majority, and now declares to them that he cannot tolerate those who have departed from the Master's rules *and* "use mainly fluxion potencies, very frequently on empirical indications." Prof. Allen's statement is "a fatal error." Does he know that nobody who uses fluxion potencies has departed from the Master's forward and onward course? Does he know that a large majority of healers who followed the Master's onward course never, I say emphatically, *never* administer them on empirical indications and this respectable majority will resent this ill-timed and ill-advised statement. A deviation from Hahnemann's methods and rules must necessarily be followed by failures to cure; it makes no difference whether this deviation is committed by men who use fluction or any other potency, the result will inevitably be the same—a failure.

What would Prof. Allen say if one of our allopathic opponents adopted a less offensive and similar logic and would say: "We can not tolerate Homœopathy. The President of their Institute and the dean of a homœopathic college has *written*, and evidently does not know the difference between a theory and a dogma; we therefore presume that all men who profess to be Homœopaths are alike ignorant and consider a theory and a dogma synonymous." That would be just as false a deduction as Prof. Allen draws when he proclaims that those who "mainly use fluxion potencies use them very frequently on empirical indications."

Because Prof. Allen indulges in very *careless* language when he attempts to define his position it does not follow that he or any other more consistent Homœopathician is not conversant with scientific principles or terms. But it is very evident that a man who can so carelessly use language is very likely an incompetent individual to testify on any scientific subject! A man who so terribly blunders in one direction is likely to keep on blundering all the time and is certainly not to be relied on if he professes to have failed to prove by his blundering experiments the truths of the principles Hahnemann promulgated.

Prof. Allen proclaims himself a pure Hahnemannian, but he rejects the homœopathic principles of potentization, and he rejects the accumulated evidences of their correctness obtained by the clinical experiment. Still he proclaims himself a pure Hahnemannian. It is exactly like the play of Hamlet with Hamlet left out. A pure Hahnemannian who rejects the fundamental principles which govern the homœopathic healing art, thereby abandons Hahnemann's methods, his teachings, his unsurpassed strict inductive method; and as the late Dr. Constaine Hering in his last words said, "if we abandon the strict inductive method of Hahnemann we are lost and deserve only to be mentioned as a caricature in the history of medicine." For my part I much prefer to hold on to the certainties which always follow the strict adherence to the teachings and methods of Samuel Hahnemann and shall not be induced by any dogmatic dictations, come from where they may, to deviate from Hahnemann's teachings and methods. AD. LIPPE.

EDITOR ADVANCE: I have decided to leave the life insurance field and devote my remaining years to homœopathic medicine.

I have tendered my resignation as president of the Homœopathic Mutual Life Insurance Company, to take effect on the first of May though I shall still retain the

position of chief examiner, or medical director in the company. This in itself is no sinecure, but involves much time and labor as you will readily see, when I state that we wrote over 30,000 policies in 1885, and expect to write more than 50,000 the present year. Thus I will remain actively engaged in the service of the company, but relieved of the cares and responsibilities of its management.

My tastes, inclinations and training have always inclined me strongly to the practice of medicine; and the exigency which made a business man of me having safely passed, I now gladly avail myself of the opportunity to return to the profession of my choice. Our company is doing a large and growing business, in a commodious building of its own, fitted up for its especial use, with a well-organized corps of trained agents, and will, I doubt not, attain still greater success in future.

So I now lay down the commercial cares of business, and trust you will welcome me back, as a high private, into the ranks of the Homœopathic fraternity.

E. M. KELLOGG, M. D.

AMERICAN INSTITUTE OF HOMŒOPATHY.

SUBJECT FOR 1886.—HISTORY OF THE HOMŒOPATHIC MATERIA MEDICA.

1. Introduction: A. C. Cowperthwaite, M. D., Chairman.
2. The state of Materia Medica at the close of the 18th century: H. C. Allen, M. D.
3. The efforts of Hahnemann for Materia Medica improvement, especially his introduction of the healthy vital test: G. W. Winterburn, M. D.
4. The works on Materia Medica issued by Hahnemann, their composition and value: S. Lilienthal, M. D.
5. The additions to Hahnemann's works on Materia Medica by his disciples: H. M. Hobart, M. D.
6. The present state of the Homœopathic Materia Medica and measures for its improvement: Charles Dake, M. D.

7. The influence of the Homœopathic Materia Medica on that of the old school: Anna M. Warren, M. D.

"THE ISSUE IN ENGLAND."*

οὐκ ἐσθω κενέβει· ὁπόταν δὲ δύῃς τι, κάλεί με.

"I eat no carrion; when you sacrifice
Some cleanly creature—call me for a slice!"

There is no allopathic pro-
fession in England, you should know.

There is but one profession med-
ical in England, be it said!

Our "paths" in separate regions run,
By rules diverse our work is done.

One follows Science with the sick,
The other plays the empiric.

One law is made for both, so well
That one gets on, and one gets ——!

But still we are the same withal
Because we both are medical.

* * * * * *

What's that? "The same!" D'ye think we're blind?
You cannot propagate your kind!

The "thing" that's neither horse nor ass
Must be a mule. *Vide* HUDIBRAS.

Great Heavens! what awful ears it hath
This allœo-homœo-nullopath.

P. S.—DEAR TOM: According to the wish you sent, I've named the English "Issue." And, true as you live, our Institute is making love to this English brute. All right; we'll never have to dodge any "collateral issues" by way of progeny—for neither Wesselhœft nor Dake can make a worthless vaccine "take." In happier days, when Reason rules, we'll laugh at them and English mules. Pray, make a note of what I say, and hold me still, Yours,

S. A. J.

* *The Hahnemannian Monthly*, Feb., 1886, p. 124.

EDITORIAL.

"THE ISSUE IN ENGLAND."—We once saw an engraving in which the British lion was depicted in an abject predicament. It seemed that his lionship had fallen asleep in a barrel from which one of the heads had been removed.

Now it is necessary to observe that he must have gotten into that barrel by a process of backing. He most certainly had not entered it in pursuit of an enemy, for then he must have gone in head first, with fire in his eye, tail rampant, and a fervor of determination characteristic of the king of beasts.

Depend upon it, an aroused and determined lion has his posterior aspect properly guarded, and *that* end of the British lion when he "means business," is a spectacle for the gods!

This business-denoting end was not the one we saw in the picture above mentioned. No: on the contrary, the lion's face appeared at the open end of the barrel, and from his angry eyes there flashed a vain vexation, because, as aforesaid, he found himself in an abject predicament.

One end of the barrel, as is already stated, retained its head, and in that head there was a hole for the introduction of the spiggot, and, alas! whilst the lion slept some malicious person or persons, had pulled his tale through that spiggot-hole, and had tied it in a gordian knot.

Of course his lionship couldn't get out of the barrel, nor could he pull the barrel after him. It was simply a lion in a barrel, and the barrel had the best of it—the king of the beasts enthralled by a mere thing of hoops and staves!

In such an abject predicament what could a lordly lion be expected to do? Would it be asking too much for him to pull his beknotted tail off, in a fit of noble rage? Preposterous! How could a lion lash his tawny sides and arouse his royal anger without a tail? A *tailless* lion! who ever heard of one; who can conceive of such an anom-

aly? Not even the inexorable scissors of Atropos could degrade a lion to the fate of a rat.

As a parting with the tail is avowedly out of the question, what then must be done? As there must be a sacrifice of either the lion or the barrel, it is plain that the barrel must be broken. But by whom? Who would hanker to be in the vicinity when that incensed lion gets loose? Who would have the courage to play Androcles' part on that occasion? What surety have we that a lion with a hard knot in his tail, and a fierce indignation in his heart, would have presence of mind enough to show his Androcles a fitting gratitude?

Do you not see that the problem assumes serious dimensions, presenting as it does, a dilemma that is both disagreeable and dangerous. A lion in a barrel is at once ridiculous and useless, and how to get him out without danger and detriment is by no means clear. A hard-hearted utilitarian to whom this problem was presented might startle us by giving it an unexpected aspect: he might ask—*Is a lion that will allow himself to get into such a predicament worth rescuing?* Or he might put it thus: *The place and position are so unwonted for a lion to occupy, are you sure the thing in the barrel is a lion?*

Nor are these conjectures to be dismissed without due consideration. They both fall within the limits of probability. A lion so fixed in a barrel may well be, and undeniably is, held as useless; and whether a genuine lion could be gotten into such a predicament may fairly be regarded as touching upon the highly improbable.

To us these conjectures are not valueless, because they enable us to transfer our sympathy from the useless, or the *quasi*, lion to the useful and genuine barrel. Surely, a barrel has fulfilled a high purpose if it has come to serve as a perfect prison for a useless lion; and as surely a barrel has justified its existence if it has served to expose a pretence and detect a fraud.

* * * * * * * *

"What in the name of reason has all this rigamarole got to do with 'The Issue in England?'"

Bless your blind eyes, can't you see that this, *even this*, is "The Issue in England."

We have it on the best of authority. Pray, do you read the papers; do you know what is going on? Are you aware that one Dr. Dake (who is acting assistant accoucher to a Materia Medica that Richard Hughes is "carrying") has recently returned from England, and with his own sharp eyes (that can pick out a Warner's sugar-coated pill from a bottle of homœopathic globules *in the dark*) had seen the "issue in England," and had described it (not the sugar-coated pill but the "issue") in the *Hahnemannian Monthly?* And are you also aware that his touching tale fired the heart of the editor of the H. M., who thereupon wrote an editorial, telling the English "medical men practicing Homœopathy" that they must incontinently put on their war paint, dig up the hatchet, and go in for a girdleful of scalps. Yea, they were advised to paint Great Britain black, and to fill every English "regular" medical journal with obituary notices until every solitary English "medical man practicing Homœopathy" had got his RIGHTS! And are you still further aware that when this scalp-soliciting editorial was read in England it elicited—a sanguinary flood that dyed the ocean incarnadine? Hardly; but instead of gore and glory came a plaintive

NON POSSUMUS! (a. c. pope, *scripsit*).

Non possumus is not French; it is Latin. It is also short hand, and fully translated it means: "The lion is in the barrel, and has a knot in his tail, and the season isn't favorable for scalping excursions."

However, Dr. Pope's response isn't all Latin (although the two Latin words cover it all). On the contrary it consists of four and one-half pages of prosy English self-stultifying prose, from which the reader can learn the nature of the afore-mentioned barrel, and the fixity of the

afore-mentioned knot in the afore-mentioned tail of the afore-mentioned lion. *Hinc illæ lachrymæ!* That also is Latin, and it means: "The more he thinks of it the worse he feels." A felicitous rendering of the fact!

But in the very beginning of his letter it is plainly to be seen that Dr. Pope labors under a misapprehension. He says, to the editor of the H. M., "Any hints that you can give out of your large and successful experience to aid us." Oh, heavens! "Large and successful experience!" Has the editor of the H. M. ever been in a barrel, with a knot —? Ah, that "you" of Dr. Pope's must refer to the homœopathic profession of America, and that profession, we are happy to inform Dr. Pope, has had no "large and successful experience" *in* the barrel—its experience has been wholly outside. Any of its "hints" to "aid" *insiders* would be purely empirical.

But, really, Dr. Pope is such an inveterate joker that it is hard to know when he means to be in earnest. Let us cite from his letter an illustrative instance.

"You advise us to issue 'a public declaration of open hostility to the allopathic profession, said hostility to be persisted in until her present unethical principles are abandoned.' Our contention here is that there is no 'allopathic profession.' All of us, whether we practice medicine empirically—as do those you regard as constituting the 'allopathic profession,'—or whether our therapeutics are scientific, that is to say homœopathic, form one profession—the medical. To admit the existence of two professions, I regard as obstructive; it is at once giving to the non-homœopathic section a position of influence and authority to which they are in no way entitled; it is sanctioning a severance which ought never to have occurred, even partially. On the contrary, we, as homœopaths are members of the medical profession, and as such are entitled to all the privileges enjoyed by all who belong to it. By the action of private societies, of newspaper proprietors and simi-

lar bodies, entitled to make what exclusive by-laws they choose, we are deprived of some of these privileges—but not by the laws of the realm. These recognize but one profession—the medical; and further by the 23d Section of the Medical Act of 1858, the authorities are prohibited, under serious penalties, from making a knowledge of and faith in homœopathy or any other therapeutic method a barrier to entering the profession, and thus participating in its privileges."

Thus does Dr. Pope decline to go upon the war path—why should he? "The laws of the realm" are all right; *they* are not the offenders. But the scalp-suggesting Yankee editor did not advise "a public declaration of open hostility to" *the laws of the realm*; the scalp of the law is only a rhetorical figure, or at best the horse hair wig of an English judge, while the scalps of "the allopathic profession," for which the sanguinary Yankee editor's fingers are itching, are tangible realities that their owners would miss, as they cannot be replaced for a few shillings, like a mere horse hair wig.

But Dr. Pope is agile, he meets this very valid objection by a *tour de maitre*—"Our contention here is that there is no 'allopathic profession.'" Falstaff made buckram men out of the figments of his fancy; Dr. Pope, like another vaporing Falstaff, converts the solidest (and the saddest) fact known to Homœopathy in England into a shadowy troop of buckram men.

Isn't this very much as if the poor lion in the barrel, with his tail securely knotted, should say, "Our contention here is that there is no barrel?" As if that transparent fiction did away with his abject predicament; as if such a foolish fancy could for one moment beguile a lion with a hard knot in his tail!

But one such fond and vain imagining is not enough for Dr. Pope, and in the next breath he broaches another: naturally enough, for such diet is decidedly unsubstantial in

so sore a need. If possible, his second sophism is poorer than the first; but do you judge, for here it is:

"To admit the existence of two professions, I regard as obstructive; it is at once giving to the non-homœopathic section a position of influence and authority to which they are in no way entitled; it is sanctioning a severance which ought never to have occurred, even partially."

The horse and the ass are both vertebrates, though both are not of the same species. Is it, then, "obstructive to admit the existence of two species?" But as there are no "allopaths" we will change the names, taking Dr. Pope's own synonymes, and see whither such a change of names leads us. There are, then, according to Dr. Pope, two classes of medical practitioners, the "empirical" therapeutists and the "scientific" therapeutists. Now if we can "admit" but *one* "medical profession" to which class of therapeutists does that name of right belong? Certainly the scientific should claim it, and should enforce its claim by adopting a name that defines the difference between it and the class of empirical practitioners. Now how does it follow that to adopt such a definitive name "is at once giving to the non-scientific section a position of influence and authority to which they are in no way entitled?" Is that the usual result when "science" dissociates itself from empiricism? And even if it be, is such a "severance" an event "which ought never to have occurred, even partially?"

But, by Dr. Pope's own finding, there must be two medical professions—one of empirical, and one of scientific therapeutics; and, still further, by Dr. Pope's own finding, there must be an "allopathic profession," or, if he doesn't like that name, a profession consisting of empirical practitioners, his "non-homœopathic section." How can there be any "contention" concerning this hard fact? How comes it that to "admit" *this* "is at once giving to the non-homœopathic section a position of influence and authority." That same "non-homœopathic section" already has, and

has always had, *the* "position of influence and authority"; and for a corporal's guard of English homœopaths to talk of "giving" this is—well, to say that it is Dr. Pope's way of putting it is the only fit way of naming it.

Stript of Dr. Pope's verbiage, the situation in England is simply this: the "non-homœopathic section" has an exceedingly well-made barrel with one head out; the homœopathic lion is in that barrel and there is a firm knot in his tail. *Query:* When will that lion "issue?"

* * * * * *

This situation has in it one impressive lesson for Americans. England has a State Religion and a State Medicine, and each is an apparatus that freemen must forever avoid. The apparatus of state medicine in England prevents the homœopathic school from licensing the homœopathic graduate *as such.* English law virtually recognizes only the graduate whom English State Medicine has sanctioned, and English State Medicine never sanctions a Homœopath *as such.* Tne English graduate in Medicine *must pass examinations in every branch taught by English State Medicine.* After graduation, if he practices Homœopathy he is, in the eye of English State Medicine, *an apostate.* He got his degree by reciting correctly the catechism; he fell from grace after he had gotten his degree.

Nowhere on this green earth has a formula such a value as in England. Prestige, custom, vested rights enthrall your Englishman from the egg to the coffin—and this is the incubus that is strangling Homœopathy in England.

Bear in mind that English Homœopaths are also *Englishmen.* With their mother's milk they sucked in all that which makes a formula so awful. These English Homœopaths have forgotten Cromwell's experiment with a Formula! These English Homœopaths have also made good the warning words of the historian:—

"No ostrich, intent on gross terrene provender, and sticking its head into Fallacies, but will be awakened one

day,—in a terrible *à-posteriori* manner, if not otherwise!"

Will these *à-posteriorized* English homœopaths accept a hint?

An old man whose life had been one singular success, was asked the secret thereof. Said he: "In all my endeavors if I found that God was not on my side, I very quickly got on His." S. A. J.

PRACTICE VS. PREACHING.—How often do we hear the expression—no doubt earnestly and honestly made—"I am a firm believer in the principle *Similia Similibus Curautur.*" But of what particular advantage to our patients is a *belief* in the principles of *similia* if we fail to apply the principle in the treatment of the sick? Believing in the law and applying it in practice are two very different things. Believing in Homœopathy while we practice Eclecticism or Empiricism does not make any of us homœopaths. A law of cure, an infallible guide in therapeutics, is of no more value to the homœopath than to the allopath if its principles be not applied in practice. It is the application of the indicated similar remedy, not a belief in the law that cures the sick.

NEW PUBLICATIONS.

BRAIN-REST. By J. L. Corning, M. D., Second Edition, Revised and Enlarged. New York: G. P. Putnam's Sons.

This work is devoted to the physiological treatment of Insomnia as a result of cerebral exhaustion and other affections of the brain. He recommends Muscular Rest, Spinal Rest, Brain-Rest, instead of so much drugging, or the customary and fashionable European hegira. In all this his position is unassailable, but when he medicates, his chief reliance is on the Bromides and in doses as large as he condemns in his colleages. He has yet to learn the secret of successfully treating these affections by internal medication. In some cases he appears to use or at least recommends the carotid truss with good results in preventing an undue amount of cerebral congestion. There are many valuable hints to be gleaned from the book.

HALSEY'S HOMŒOPATHIC GUIDE. Chicago: C. S. & Geo. E. Halsey. Pp. 84. Cloth $1.00.

This is a new work on domestic practice, not so large or pretentious as some already in the field, but so far as we can judge practical and concise. It is well condensed and will be found sufficiently comprehensive for the use of travellers, pioneers, or those who can not consult a physician for the treatment of many of the more common affections. It can be safely recommended by the profession when applied to for such a book.

PSYCHIATRY: A Clinical Treatise on Diseases of the Fore-Brain, based upon a study of its Structure, Functions and Nutrition. By Theodor Meynert, M. D.: Professor of Nervous Diseases and Chief of the Psychiatric Clinic in Vienna. Translated by B. Sachs, M. D. New York & London: G. P. Putnam's Sons, 1885. 8vo. pp. 285.

For this excellent translation of Professor Meynert's Psychiatry the English speaking profession is indebted to Dr. Sachs. In America the author has been chiefly known as the great brain anatomist of Vienna, and this work will serve as an admirable text-book on the anatomy of the brain. The various portions of the brain are well illustrated and the illustrations are clear and instructive. It is a work which deserves not merely a casual reading but a careful study, and from which the student of anatomy, physiology, psychology and psychiatry may obtain solid facts for reflection. It is properly speaking, a treatise on Diseases of the Fore-Brain or "Diseases of the Mind" in contra-distinction to the literal meaning of the term Psychiatry, "treatment of the soul." The appendix contains a chapter on the "mechanism of expression," and a good index closes the work. The publishers have given us a very creditable book. Its mechanical execution is nearly perfect.

GUIDE TO THE EXAMINATION OF URINE, with special reference to the diseases of the urinary apparatus. By H. B. Hoffman, Professor at the University of Graz and R. Ultzman, docent at the University of Vienna; Second Edition; translated and edited by F. Forchheimer, M. D. Cincinnati: Woodruff, Cox & Co., 1886; pages 250; Cloth, $1.00

This is from the second German Edition and is presented to the American profession on account of its popularity on the Continent and almost "universal adoption by the German high schools. It is very well arranged as a practical work of ready reference for use of the busy practitioner; but, the authors state, "is not intended for the physiological chemist, or the specialist in animal chemistry." It is well printed, on good paper, and with its copious and well arranged index will be a valuable addition to the physiological library.

A MANUAL OF MICROSCOPICAL TECHNOLOGY. By Dr. Carl Friedlaender, lecturer on pathological anatomy in the University of Berlin. Translated by S. Y. Howell, M. D., Buffalo, N. Y. New York: G. P. Rutnam Sons, 1885; 12 mo., pp. 250.

This work is presented as a handbook on the Microscope and Microscopical Technology. The subjects treated of are Utensils, Reagents, Staining, Demonstration and Staining of Bacteria, other Preparatory Methods, Observation of Living Tissues, Examination of Fluids, Koch's Method of Staining dried preparations, The Tubercle Bacilli and Examination of the solid Structures of the Cadaver, Tumors, etc., etc. It is with the examination of the "Fluids of the body" that the medical student will be most interested and in which he will be well repaid for time and study bestowed on this book. This is one of a uniform series of Putnam's 12 mo. books which are very attractive.

JOHNSON'S THERAPEUTIC KEY. Fifteenth edition; revised, improved (?) and enlarged. Philadelphia, Hahnemann Publishing House, 1886.

The fifteenth edition of this well known favorite comes to us in a new dress. We regret to say, the Materia Medica part, with its admirable comparisons, that on which its popularity and usefulness largely depended, has been entirely ommitted. With many, as with us, this omission will materially impair the best of all our pocket companions. This rapid production of works teaching us how to treat diseases is we fear, a mistake on the part of either author or publisher. It is certain to beget careless prescribing, as every short cut to the simillimum that tends to do away with strict individualization is sure to do. The road to routine is so much broader and so much easier found, and the excuses for following the beaten path so ready and convenient, that a tendency in that direction should at least not be cultivated or pandered to. Our allopathic brethren have for many years cultivated this deceptive practice and their success in therapeutics has not been of such an exemplary character as to induce us to abandon our law of cure and the "strict inductive method of Hahnemann" for the flesh-pots of empircism.

The following new subjects have been introduced: the Sick-Room, Ventilation, Disinfectants, Fumigation, Diet, Dietetic Preparations, Artificial Digestion, Peptonized Food, Water as a Remedial Agent, Cataplasms, (?) Enemata, Auxiliary Measures, Antiseptic Dressings, Vaccination, What to do in Emergencies, Poisoning, Hanging, Drowning, Medico-Legal Examinations, Post-Mortem Examinations, etc., etc., many of which to use a mild term, are *doubtful improve-*

ments. We would much prefer to have had the Materia Medica retained and a few more remedies and comparisons added.

THE PHYSICIAN'S CHEMISTRY, By Clifford Mitchell, A. B., M. D. Chicago: Gross & Delbridge. 1886, pp 301.

This is a practical handbook for students and practitioners and is intended to aid the beginner so that he can master the writing of formulæ without a teacher. It embraces chapters on Chemical Theory, Animal, organic and inorganic Chemistry, Urinalysis and Toxicology. Under the latter head are a number of cases of poisoning. It is well arranged as a practical college text-book, and we are pleased to see a work on Chemistry by one of our teachers which may with advantage be adopted by at least all our colleges.

The appendix of over 72 pages, (like a lady's P. S.) is a little out of proportion; but, as it contains useful tables and practical tests for the detection of food adulteration, we see no objection to placing them in the appendix. "A rose under any other name would smell as sweet." We congratulate the publishers on its neat appearance.

HOW WE TREAT WOUNDS TO-DAY. A treatise on Antiseptic Surgery, which can be understood by beginners. By R. T. Morris M. D. New York: G. P. Putnam's Sons, 1886.

Of his work the author says: "This book is modest only in size. It possesses dignity only in facts." This certainly is a terse method of stating the concise practical facts in which the book abounds. It advocates cleanliness in surgery, and the contrast between the present careful method of operating and the careless, "slipshod" methods of a few years ago, is very marked. He recommends the mercuric-bichloride solution in preference to all antiseptics, but relates a case in his own practice of mercurial poisoning from the 1–1,000 solution. Whether you agree with the author or not, you will be charmed with his little book. Read it.

WILLIAM LLOYD GARRISON, 1805–1879. THE STORY OF HIS LIFE, TOLD BY HIS CHILDREN. New York: The Century Co. In two fine octavo vols. Cloth; $5.00.

These two volumes form a most interesting biography of him whose name has become a household word wherever the English language is spoken. Little did Mr. Garrison think when in doubt, debt and difficulty he established the *Liberator*, that on its twentieth anniversary he should deliver the historical sentiment equally true of our immortal Hahnemann as of himself: "The truth is, he

who commences any reform which at last becomes one of transcendent importance and is crowned with victory, is always ill-judged and unfairly estimated. At the outset he is looked upon with contempt, and treated in the most opprobrious manner as a wild fanatic or a dangerous disorganizer. In due time the cause grows and advances to its sure triumph; and in proportion as it nears the goal, the popular estimate of his character changes, till finally excessive panegyric is substituted for outrageous abuse. The praise on the one hand, and the defamation the other, are equally unmerited." His sons have done their work well. The volumes are illustrated by portraits of Wendell Phillips, Jackson and other co-workers in the cause of human freedom. It is sold only by subscription. G. W. Arnold, Detroit, General Agent.

THE FIRST THREE YEARS OF CHILDHOOD. (A Study of Infant Psychology.) By Bernard Perez. Edited and translated by Alice M. Christi. Chicago: Marquis & Co. 12mo., cloth, 292 pp. Price, $1.25.

This is one of the most complete monographs on its subject. It treats fully of the various phases of child-life, abounds with practical hints on the proper training of the very young, and forms a practical guide to the parent and the teacher. In places the author ventures a few steps into the darker recesses of metaphysical psychology.

"Among the new fields of investigation which science has opened up, there are few more inviting than that of infant psychology. The beginnings of all things are full of interest, as we see by the amount of inquiry now devoted to the origin of human institutions and ideas in the various phases of life, and the beginnings of the human mind, the first dim stages in the development of reason, ought surely to be interesting and instructive."

THE PRESCRIBER: A Dictionary of the New Therapeutics. By Jno. H. Clarke, M. D., Edin. Lecturer on Materia Medica in the London H. H. Hospital College. London: Keene & Ashwell. New York: Boericke & Tafel.

Like many of the works of our British colleagues this is evidently intended as a "stepping stone," "a primer," "a short cut," "medical practice made easy," evidently an inducement for the rank and file of allopathy to enter on an experimental study of the "New Therapeutics." It is to this medical-practice-made-easy kind of Homœopathy that our school in Great Britain is indebted for the most grievous burdens it has had to bear. The yielding of principle for the sake of popularity, is certain to bear bitter fruit. We proclaim a system of therapeutics based upon law. That in order to ascertain the affects of remedial agents they must be taken

by the healthy, etc. The allopath soon sees that they are proven singly, and that we stultify ourselves and ignore the law we profess to follow when we give drugs in alternation. That the science of which we boast is broken at the outset, or is at best a mere sham. Better, far better, that our allopathic brother be compelled to master the Materia Medica ere he essays to use it at the bedside, than to substitute one kind of guessing for another. It is a mistaken kindness which our author here attempts to render a medical brother. Some one will mistake this for a homœopathic work, and not find out his error until it is too late. The following are fair samples of the book:

"INTERMITTENT FEVER. In simple acute agues, Quin. sulph. 1x, gr. iii, 4 h. [If this does not suffice to cure the disease, it will be necessary to individualize; and a selection may be made, according to symptoms, from the following.]" Why not follow the teachings of Hahnemann and individualize in the first place? If a remedy must be given empirically, if a guess must be made, Ipecac. or Nux vom. would be much preferable to Quinine.

"DYSENTERY. Begin in all cases with Mer. cor. 3x, every hour. If there is much colic alternate it with Col. 1x," etc.

"CONSTIPATION. If at all chronic, begin with Sulph. 3x, 8 h. and continue as long as there is improvement."

"SCARLATINA—*Prophylactic.* When there is scarlatina in a family, put 20 drops of Bell. 3x in a tumbler of water, and let each member of the household take a teaspoonful night and morning." Belladonna was the *genus epidemicus* when Hahnemann prescribed it, but some other remedy may be to-day; and if Belladonna does not correspond to the epidemic, of course it is worse than useless. But Dr. Clark does not call his book homœopathic, merely "New Therapeutics," and this may be a redeeming feature after all. It may be new to some of our allopathic brethren, and their practice might be improved by adopting its suggestions, but we fear they would find little difference between the therapeutics here recommended and those of Phillips and Ringer which they now practice.

CLINICAL THERAPEUTICS. By T. S. Hoyne, M. D. Chicago: C. S. & G. E. Holsey. Cloth; $5.50. Pp. 1,215.

We do not call attention to this work because it is new, but because it contains reliable clinical experience with 124 of our polychrests, and in its present form with a comprehensive index makes a valuable addition to the library of a young physician. Its former price was $8.00; it can now be had for $5.50 less the usual discount. "Any purchaser not satisfied with the book can return it and exchange for its full value in other goods."

EDITOR'S TABLE.

Dr TYNER, President of the West Texas Medical Association, has the audacity to saddle upon Hippocrates the authorship of the old "hide-bound" *code of ethics.*

W. W. WALKER, M. D., of Manistique, Mich., who has been U. S. Examining Surgeon for the last eighteen months, has recently been appointed health officer for the village and township of Manistique.

W. L. MCCREARY, M. D., of Greenfield, O., has removed to Knoxville, Tenn., to take the office made vacant by the decease of Dr. J. H. Morgan. He is succeeded at Greenfield by N. H. Merson, M. D. (Pulte, '86).

HAHNEMANNIAN ASSOCIATION. The next annual meeting will be held at Congress Hall, Saratoga Springs, N. Y., June 24, 25, and 26, commencing at 10 A. M. The work of the different bureaus is progressing rapidly, and a large attendance and an interesting meeting is expected. J. B. G. CUSTIS, Sec'y.

WM. EGGERT, M. D. We are glad to be able to announce that after a serious illness of two months, Dr. Eggert has again resumed practice. Three years ago he was appointed by Governor Sheldon a member of the Territorial Medical Examining Board of N. M., was elected Secretary, and has acted in that position ever since.

MAJOR W. V. MORGAN, Chairman of the London Homœopathic Hospital offers a prize of twenty-five guineas for the best essay on "Medical Treatment, with special reference to the scientific system of Hahnemann." It is proposed, if the essay be worthy, to issue a large number both in Great Britain and America for public distribution.

C. F. STERLING, M. D., who has been connected with the New York Homœopathic College and the New York Ophthalmic Hospital, has formed a partnership with D. J. McGuire, M. D., of Detroit. Dr. Sterling is a valuable accession to the ranks of our specialists in Michigan, and we bespeak for him a warm reception by the profession.

A NEW DEPARTURE. *The Physicians and Surgeons Investigator* begins a new volume with the new year, and not only comes out in a new and attractive dress, but under a new Editorial corps has dropped its doubtful character and promises to become an agressive homœopathic magazine. This is a step in the right direction. We wish it the success it deserves.

AMERICAN INSTITUTE OF HOMŒOPATHY. The next session will be held at the Grand Union Hotel, Saratoga, N. Y., on Tuesday, June

29th, and continue four days. Reduced hotel rates, (but not reduced fare) have been arranged for. Blank applications for membership may be had of Dr. R. B. Rush, Salem, Ohio, or of the General Secretary, Dr. Burgher, Pittsburgh, Pa.

ALUMNI ASSOCIATION. The Annual meeting and Banquet of the Alumni Association of the Hahnemann Medical College of Philadelphia, will be held at St. George's Hotel, Broad and Walnut Sts., Philadelphia, on March 31st, 1886, at 8 P. M. The members of the Alumni are cordially invited to attend.

WM. W. VANBAUN, M. D., Secretary.

THE SOUTHERN BIVOUAC. This is one of the latest ventures in the literary world, and the vigor and enterprise manifested by both editors and publishers bid fair to soon make it one of the most entertaining of our magazines. The series of war papers have already attracted attention both North and South, and we are assured will not be allowed to flag. Our readers both North and South should see a copy. B. F. Avery & Sons, Louisville, Ky.

A VIGOROUS PROTEST. There is at present a bill before the Mass. Legislature to establish a State Board of Health composed exclusively of members of the Mass. Medical Society (allopathic). A committee of the Homœopathic Medical Society, composed of Drs. Talbot, Coffin, Clapp, Richardson, and French, have presented a protest against this intolerant exclusiveness in which in terse but vigorous English they state some plain facts, and demand equal representation upon the Board.

THE HAHNEMANN PUBLISHING HOUSE of Philadelphia announces a new Handbook of Homœopathic Materia Medica, by T. F. Allen, M. D., of New York. It is to be practically a condensation of the ten volumes of the *Encyclopædia* into a large quarto of 1,200 pages. The page will be double column, about the size of Webster's dictionary. The price about $12 or $15, and the book will be ready in January or February, 1887. This will be a work worthy of patronage, and the publisher certainly shows considerable confidence in the homœopathic profession to undertake such a work without a subscribed guarantee, as no small amount will have to be expended before he can expect any return.

ANOTHER PROTEST. The Legislature of New York has before it a bill entitled an "Act to Establish a Board of Medical Examiners;" in whose hands the exclusive privilege of granting licenses to practice medicine and surgery shall be placed, thus depriving the colleges of the licensing power. The Legislative committee of the State Society, Drs. Dillow, Kellogg, Baldwin, Lilienthal and Berg-

haus object to its provisions, the Act giving two-thirds of the members to the allopaths, and ask that whenever Examining Boards shall be appointed, that the Homœopaths have one of their own. This is only fair and just to all concerned.

VIRGINIA HOMŒOPATHS. On the 4th of January, 1886, a bill to regulate "Homœopathic Practice of Medicine and Surgery" in Virginia was presented and referred in the House of Delegates. A writer in a Virginia medical journal entertains the following opinion of the bill: "The existing law should be amply sufficient for the Homœopaths, in that, though quite a dozen Regulars out of the whole number of such applicants have been rejected at first trial, the only Homœopath thus far applying (Geo. A. Tabor, M. D., U. of M.) passed the examination with decided credit to himself and his college of graduation." The general assembly of Virginia has just passed a law giving the Homœopaths representation upon the State Medical Examining Board.

GOVERNMENT APPOINTMENTS. The following joint resolution has been introduced into the House of Congress by Representative Lowry:

Resolved, By the Senate and House of Representatives of the United States of America in Congress assembled, that it shall be a misdemeanor, punishable by a fine of $500 and dismissal from office, for any officer of the United States government, civil, military or naval, to make discrimination in favor of or against any school of medical practice or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates for medical service in any of the departments of the government.

Section II. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States; and that duly certified copies of the complete records of all the details of such examinations shall be placed on file in the office of the Librarian of Congress, subject to the inspection and use of members of Congress."

A SCIENTIFIC DOCTOR'S RECORD. We clip the following from a Detroit daily. Besides a large number of people who are accidently killed by careless druggists, or by their own carelessness in taking drugs, it appears there must be added a large number whom the doctors kill, and their name is legion. But it's not murder, it is the "*regular* thing," you know. *Vive la* humbug! This is what an honest allopathic says of himself: "You frequently see funny expressions in print about doctors killing their patients. Well, the

thing is often true. I, myself, acknowledge to having killed two patients. I killed them outright, and make no bones of confessing the fact. One man I killed by prescribing morphine at a time when his system was not strong enough to stand the drug. He left an estate, and there was some excitement about dividing the estate. His wife was charged with having poisoned him, and the remains were exhumed, and there was a great to-do about the matter, but I pulled through it all right. The other man was suffering from a prolonged spree, and I gave him chloral, which killed him. It was an out-and-out murder, but the coroner held an inquest, and attributed his death to jimjams. These two people I know I killed, and, as I am yet young, and there are more active poisonous agents than those I have so far experimented with, I expect to kill more people before I die.—*Interview with a St. Louis Doctor.*"

OUR COLLEGES.

To fill up the gaps in our decimated ranks the following additions are promised for 1886:

Hahnemann of Chicago heads the list with a graduating class of 111, of whom 102 receive the degree.

Cleveland Hospital furnishes 30, "The brightest, most intelligent and refined class that 'old reliable' ever turned out since you and I graduated." Numbers do not always tell.

Pulte Medical reports sixteen graduates. Not so large a class, but of a higher average standing in all examinations.

Chicago Homœopathic comes to the front with fifty-two graduates. The highest average standing and largest class this college has ever turned out.

Missouri Homœopathic reports nineteen gaaduates. The quality is becoming higher from year to year, as the requirements are increased and lived up to, and the "weeding" done at the entrance examination.

University of Iowa. After a very thorough course of six months eleven graduates carried home their degrees. The matriculation examinations in this university are very exacting.

This gives us an addition to our working force of 230 new men; numerically, not a marked increase over last year, but in professional attainments the general average standing is much increased over previous years and, so far as numbers are concerned, is entirely satisfactory. With Boston, New York, The Woman's, Philadelphia and the U. of M. to hear from, we hope to report a marked increase in numbers by July 1.

OBITUARY.

DR. WILHELM AMEKE. It is with sincere regret we learn of the early demise of this talented writer, now so well and favorably known by his excellent *History of Homœopathy*, recently translated by Dr. Dudgeon. He died at Berlin, January 22, 1886, after a long and painful illness, in the thirty-ninth year of his age.

DR. DAVID ROTH. This veteran Homœopath, one of the ablest and most remarkable of Hahnemann's pupils, died at Paris on Christmas day, 1885, in the 78th year of his age. Learned not only in Medicine but in Science, Music, and the Fine Arts he has long been looked upon as one of the most talented men who ever embraced Homœopathy, and a standing refutation of the charge, "that none but the ignorant and weak-minded ever adopted Homœopathy."

B. P. BROWN, M. D., of Cleveland, O., died quite suddenly at Lake Weis, Florida, whither he had gone in the hope of recruiting his fast failing health. A few weeks before he wrote that "my health has failed, am compelled to take an enforced rest, and I now see that I should have done so some time ago." At a meeting of the homœopathic physicians of Cleveland appropriate resolutions were passed and glowing tributes to his worth and memory were made by Drs. Beckwith, Schneider, Barr, Osborn, Baxter, Sanders and Biggar. "As a physician he was a strong man, a correct diagnostician and a skillful prescriber." "A more ingenuous, honorable man never lived; as guileless as a child, he still possessed the earnest sterling attributes of a perfect manhood."

CLEMENT PEARSON, M. D., was born in Mercer Co., Pa., Dec. 19, 1819. His father, a native of Chester County, was of English descent, and traced his line through a long ancestry of Quaker blood. His mother was born in Philadelphia. He received his education in the New Wilmington, Pa. Academy, and for several years was employed as a teacher. After a careful examination of the merits of the two systems, he began the study of Homœopathy under the guidance of Dr S. Searles of Newcastle, Pa., attended a course of lectures in the Homœopathic Medical College (Pa.) in 1851, and located

at Salem, Ohio, where for five years he had a large and successful practice. In 1856–57 he attended the Homœopathic College at Cleveland, Ohio, graduating in March, 1857, and removed the following year to Mt. Pleasant, Ia., where as a pioneer, he for many years upheld the fortunes of one school. It was from here that his early contributions to our periodical medical literature brought him into prominence as one of the most incisive and vigorous writers in the West.

In 1874 he removed to Washington where he soon established a successful practice. He was a true follower of and a firm believer in all the tenets of Hahnemann. For him the Homœopathy of the master was equal to all the emergencies of the sick room. He never needed poultices, plasters, stimulants, anodynes or any other palliatives to aid him in relieving the sick. His success was based on his knowledge of the Materia Medica whose remedial agents he wielded with a master hand. He was a member of the American Institute, one of the founders of the Hahnemannian Association and for two years its president. In the summer of 1881 he visited Europe, the result of which was "A Journal of Travels in Europe," a volume of 180 pages and the only work from his pen. It stamps the author as an independent thinker; and, as a book of travels, in originality of expression, caustic wit and quaint humor it rivals "Innocents Abroad" and will be read with profit and pleasure by every Homœopath. It is to be regretted that one so able to instruct his fellow-laborers in the differentiation of remedies and their practical application in the sick room should not have given as a medical work.

He died Friday morning, Jan. 29 at 5 A. M., after an illness of ten days, although he had for some time shown symptoms of the impending crisis in weakened digestion and occasional attacks of vertigo; so much so, that he often remarked that people would think him intoxicated. About two weeks before his death, he attended an obstetrical case and went all day without eating. His already weak stomach now rejected all food and he went home and took to his bed. Typhoid symptoms soon appeared with extreme prostration, jactitation, trembling, diarrhœa, delirium, with inability to take the least nourishment. The base of the brain seemed the central point of all the trouble. Remedies seemed only to slightly change the picture. During his entire illness he seemed to realize very little and he gradually sank into a stupor and coma. He was attended by Dr. Custis, with Dr. Kent of St. Louis as Counsel.

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NEWSPAPER ADVERTISING.—In a very readable "retrospection," J. H. Bates, of New York, gives some personal reminiscences of the past and present position of advertising in this country.

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THE BUREAU OF STATISTICS, have undertaken to collect a personal record of all the members of the American Institute of Homœopathy, and at its last meeting the chairman was directed to obtain these before its next annual meeting. For this purpose, a circular has been prepared and members are earnestly requested to fill out the blank, and return it to the Chairman of the Bureau, T. F. Smith, M. D., 2064 Sixth avenue, New York City, at once. By making this as complete as possible, it will give a personal history connected with the Institute which will be of inestimable value in the future. It will also place on record the professional work done by each member, and indicate the direction in which the different members are capable and often desirous of working.

ANY person who wishes to test CELERINA, and will send address to RIO CHEMICAL Co., St. Louis, Mo., will receive a full-sized bottle FREE if they will pay the express charges.

WM. WOOD & Co. announce Dr. Piffard's retirement from the editorial management of the *Journal of Cutaneous and Venereal Diseases.* The *Journal* will in future be under the sole editorial charge of Dr. P. A. Morrow. We may remind our readers that this is the only publication in the English language devoted to Skin and Venereal Diseases, and during the three years of its existence it has won for itself a high reputation for scientific excellence as well as practical utility. In addition to presenting all that is new and valuable in these special departments, the colored lithographs and wood engravings with which the original articles are illustrated are worth more than the price of subscription.

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THEORETICAL SCIENCE.—Three months ago seven dogs were imprisoned in Newark, N. J. They have since been closely watched, and on Wednesday, March 10, set at liberty. They are sound in lungs, stomach, brain and spinal cord; and thereby hangs a tale. These are the dogs that were bitten by the dog that bit the four children who were sent to Paris and inoculated for rabies by Pasteur. This is a fair sample of the reliance to be placed in "Scientific Medicine."

THERE are now to be had some excellent preparations of concentrated beef. Carnrick's, Colden's, and Rose's, are all admirable.

THE
MEDICAL ADVANCE.
A MONTHLY JOURNAL OF MEDICAL SCIENCE.

H. C. ALLEN, M. D., Editor and Publisher.

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ORIGINAL CONTRIBUTIONS.

MAGNETISM.

AD. FELGER, M. D., Philadelphia, Pa.

Magnetism and Homœopathy have been treated alike contemptuously by the "scientific world." The arrogance of so-called scientists has always held that as impossible which they could not comprehend. That the difficulty did not lie in the subject, but in themselves they had often found, and have had to confess—or the events in the history of science did it for them—that they had been more ignorant than they imagined.

The domain and object of science is nature, and the design of science can only be the substitution of inevitable necessity for chance or accidental occurrences; for in nature law reigns, and we refer to chance or accident only those things the cause of which we do not know.

Among great men, such as Keppler and Newton, who have enriched science by formulating such laws, we must

place Hahnemann and Mesmer. Since the time of the latter experimental physiology has confirmed in the minutest particular the laws which they laid down.

Physiology teaches us that the brain, the medulla oblongata and the sympathetic ganglia of the nerve fibers connected with them, form the organs which connect the soul with the body; that every nerve has its appointed function, and that these various functions proceed from a central nucleus situated in the brain, the medulla oblongata, or in the ganglia; that the nerve-ether, or nerve-magnetism, is conducted along the nerves in a manner similar to a current of electricity, and is of such a refined nature that it cannot be demonstrated either chemically or microscopically, or by means of spectral analysis; that a nerve, the functions of which are operative, cannot be distinguished from one which is quiescent.

The various functions of the brain, etc., and its nerves can only be due to the various qualities of this nerve-ether, or nerve-magnetism.

When a human being is in an entirely healthy condition, the various functions are performed without his consciousness. This indicates a normal qualitative condition of the nerve-ether, or nerve-magnetism. If, however, this nerve-ether, or nerve-magnetism is altered by deleterious influences, it cannot retain the normal condition of its functions, and disturbances or stases ensue in some organic parts, and physical and psychical (pathological) sensations, such as acceleration of the circulation, and the finer life-movements, are experienced, and a person finds himself sick. Through the most accurate and complete collection of all these pathological signs we recognize the altered qualitative condition of the magnetism in the central and nerve sphere; and, where magnetic forces are active, the same magnetic laws must be operative—for throughout the realm of nature we see that the same laws create and preserve according to one and the same guiding idea. Therefore, according to the mag-

netic law, "like poles repel each other," that remedy which produces identical disturbances (with their sequelæ) in the nerve-ether, and which manifests itself as a disease-producing cause, must also repel them and effect a return to the natural condition. This is the law "similia similibus curantur," formulated by Hahnemann. No branch of science can show an experiment which has been tested and confirmed in all countries so many millions of times since the days of Hahnemann.

If, then, any laws of nature can be scientifically considered admissible this must be one of them.

The assumption that a homœopathic remedy in which no medicinal particles can be demonstrated by the microscope is no longer curative, is physiologically false; for, according to the laws of physiology, precisely that highly potentized remedy which does not show any molecules, and which approaches most nearly to the refinement of the nerve-magnetism and soul substance, is the curative one—provided that it has been selected according to the homœopathic law, similia similibus curantur. This fact could be demonstrated by many illustrations from my own experience, and from that of others, if time would permit.

In similia similibus curantur and the potentization of drugs, Hahnemann has established two laws which have been demonstrated by physiological experiment, and innumerable confirmations at the sick-bed, to be in accord with nature. Accurately to follow these laws is the only certain method of attaining the end in view; and every departure therefrom can only be a step backward.

On account of the diversity of the functions of the brain and central organs, of the ganglia and the numerous nerves, so great a variety of combinations of pathological symptoms is produced, that all the phenomena which have been discovered by physiological experiments made by vivisection, sink into insignificance in comparison. If one takes into consideration the mass of symptoms which

has been obtained from drug provings, he must acknowledge that ours is better able to meet the demand made upon medical science than any other system.

We may remark, in parenthesis, that vivisection is not necessary for us, as the proving of drugs upon healthy persons gives us much more correct and comprehensive conclusions upon which to base the application of our remedies. This is shown by the expressions of physiologists themselves. Professor Hermann says: "Physiological experiments are, in this connection (experiments with electricity or galvanism), in the highest degree uncertain; the usual methods employed to produce irritation give partly no results at all, and partly they are not sufficiently localized to base positive conclusions upon, by reason of the numerous ramifications of the nerves, which must cause unavoidable deviations in the electrical current." He makes these remarks about experiments on animals whose brain and spinal cord have been laid bare and treated with a current of electricity. Of other, differently executed experiments, Prof. Ludwig says: "Instead of an exact dissection and irritation, the much cruder experiment is here employed, of injuring and attacking the finest and most complicated structure (the brain) by comparatively coarse means—analogous to an attempt to take a watch apart by a pistol shot." These experiments are therefore not entitled to the name "scientific." For us they have not the least practical value—nor for any one else.

Pathologists have divided, after the method of natural sciences, all diseases into classes, groups, sections, etc., and have given different names to the different forms. This classification has been based upon pathological anatomy, physiological experiments (mostly unsatisfactorily executed), chemistry and various hypotheses. Hereby they have totally ignored the fact that the various and innumerable disease manifestations, in connection with psychical and other symptoms, cannot be reduced to regular forms,

like objects of the mineral, vegetable, and animal kingdoms, and that, therefore, this classification of diseases is lacking in scientific value, such as is found in the divisions of the three natural kingdoms. Such pathological classifications have indeed no value to the homœopathician, and it may even mislead him into generalizing where only by strictly individualizing can he hope to attain success.

The old school, no matter how easy it makes the study of disease by its pathology, still leads its votaries into a labyrinth, without the thread of Ariadne to help them out again. But the homœopathician, with the law similia similibus curantur, will always be guided safely in the varied cases, and the more closely he individualizes, the more surely he attains the desired end.

A more complete examination of a disease, including its minutest details, which is necessary for the homœopathic physician who desires to treat his cases properly, cannot be imagined. All objective and subjective symptoms, with all cosmic, telluric, and psychical influences, must be taken into account in selecting the remedy; hereditary predisposition, constitutional, climatic, endemic and epidemic influences; time of the year, condition of the weather, temperature, locality, rest, motion, the various positions, as well as the side of the body affected; internal and external parts, centripetal and centrifugal sensations and manifestations; longings and loathings of every material or mental nature; every alteration in the senses, disposition, and mind, and the phenomena relating to them; dreams, illusions, hallucinations, and all causes and circumstances which aggravate and ameliorate the various symptoms must be investigated.

Again, as all of these manifestations of disease have their legitimate cause, which can only be met by a procedure based upon a law of nature homœopathic treatment can alone be called scientific.

We have considered the special activities of the organs with which the soul is in connection. The soul itself is, in

its essence, a single, indivisible substance, which, although exercising special activities, is, nevertheless, a living unity from which these proceed. Organization is not the cause of the soul; the soul is the cause of organization. The spiritual is always included in the idea of life. The sensations are bodily reflected in the brain, spiritually in consciousness. Thus they have a common central point. Herein lies the great importance to the homœopathic physician of mental symptoms, which should never be left out of account. Often they alone are the guiding symptoms to the remedy that will act upon the central point in which the entire disorder originates.

The soul is the individual expression, or the sum total of the feelings, and is different in every person. The seat of the soul is in the whole body—it pervades every part.

The spirit thinks, and, as we feel, so we think. Thinking and feeling always take place at the same time. Without feeling there can be no thought; without thinking, no feeling. Feeling and thinking are not a "beside one another," but an "in one another." The spirit is conscious of its oneness whether thinking or feeling. Soul and spirit, therefore, are only manifestations of the same qualitative and quantitative psychical essence, which, at times, we call soul, at others, spirit. Spirit would be the best expression for this inseparable essence of a human being.

From these considerations follows the necessity of an accurate examination of the sick in order to comprehend the disorder in its totality. The thinking physician will at once see the correctness of this statement.

The life-magnetism is the connecting link between spirit, soul, and body, producing a harmonizing activity.

As electricity acts only where a positive and a negative element exist, so, also, is the life-magnetism only called into action by the presence of negative and positive elements. The positive element connects the spirit with the soul, the negative the soul with the body. The former

might be called *animaic*, the latter, animal magnetism. The negative (animal) life-magnetism gives life to the body, and at the same time joins it to the soul.

If this union which the magnetism forms be broken, and a separation between soul and body takes place, life ceases. After the soul has been separated from the body, the soul becomes to the spirit what the body was to the soul. The soul is then the body of the spirit, and both are immortal.

By artificial accumulation of the positive magnetism, and the consequent annihilation of the relation between it and the negative magnetism, there ensues a closer union of spirit and soul, and a relaxation of the union of soul and body. Through this disturbance in their relations, and the preponderance of the positive magnetism, the negative becomes entirely inactive. This condition constitutes the *magnetic sleep*, whose higher degree is *somnambulism*.

To Mesmer belong the honor and merit of having first proven by experiment the existence of this magnetic fluid in the human body. When he discovered that polarity, which is the inherent property of the magnet, exists in the human body, he termed it animal magnetism, in contradistinction to that which exists in minerals.

As the magnet and magnetic needle demonstrate that this fine magnetic-ether pervades not only organic, but inorganic substance, so, by means of potentization of drug substances, according to Hahnemann's directions, the magnetic-ether residing therein will be developed in a similar manner to that in the magnet.

The time allotted this paper will not permit me to enter more deeply into the phenomena of electricity, galvanism, magnetism, hypnotism, somnambulism, etc. I must therefore confine myself to brief allusions which shall call the attention of the practical physician to those phenomena which are developed by magnetism, or are connected with it.

Mesmer says: "The electric and magnetic-ether pervade

the whole universe, and all substances in it: that nothing exists in which it is not contained. Without it no organic life can be imagined. Inorganic substances are, by means of it, taken up by the organic, and thus become organized." "Electricity and magnetism are cosmic dynamides, they become telluric in the different organizations, and conduct themselves according to the law of polarity."

It is these cosmic electric and magnetic currents which cause miasmatic and epidemic diseases when they are qualitatively altered. Moisture and dryness of the atmosphere and of the earth seem to be the cause of these alterations, as is made apparent in cities by the rise and fall of the underground water, and in the country in swampy neighborhoods by the development of endemic and miasmatic diseases.

It is, therefore, evident that all causes of disease, which have for their foundation endemic, epidemic, or climatic influences, or variations in the weather or temperature, are to be viewed as dependent upon electric or magnetic disturbances. Even if they do not act directly upon the human body, they are still able to favor the development of products in nature which affect it deleteriously, and, at the same time, predispose us to their influence. These magnetic and electric influences, both of a cosmic and telluric nature, cause, again, disturbances in our electric or magnetic condition, which may be made to return to the normal state by the immutable law of nature," like poles repel each other," or, similia similibus curantur.

Notwithstanding that many of these influences cause similar symptoms, the accurate observer will find that more or less characteristic differences exist between individual cases, indicating different remedies. The search for an *absolutely specific* remedy is, therefore, fruitless, because it is opposed by the laws of nature and nature's healing principle. It is only by firmly adhering to this law that the most favorable results can be attained.

In connection with these and other different causes of disease, hygienic and dietetic laws must be observed, according to the rule "*tolle causem, tollitur effectus.*"

This rule, although it must be followed, is not always final, for the effect of a disease-producing cause may last much longer than the cause itself. Here, therefore, the indicated treatment must be substituted.

Everything which can or has produced disease, must, if it be possible, be removed, or avoided.

At the last electrical exhibition people were warned against taking their watches into the building, because the electrical influence would disturb their movements.

That man himself, particularly when sick, is very sensitive to electric and magnetic currents, I observed first in 1840. In Stuttgart, in the winter of 1839–40 (as also in the present year), there was an epidemic of typhus among the soldiers. In the military hospital there I noticed that those patients slept the most quietly who had changed their position in bed, and whom the nurses neglected to replace in their so-called proper position by bringing the head to the pillow. This caused me to order the nurses to place the pillow under the heads of those who had altered their position, no matter in what direction they might lie, provided there was no danger of their falling out of bed, and that they could be kept covered, in the latter case, to place them in a position the nearest to that which they had chosen for themselves. As I expected, my ward became the quietest in the whole hospital. Jumping up and out of bed no longer occurred, and the nurses could attend to their duties much better, because their services were not so often required by the restlessness of their patients. I attributed this result to the polar direction in which the patient had placed himself, therefore, to the more or less easy entrance of the electric or magnetic current into his body. In a similar manner, a nail driven into a wall in the proper polar direction becomes magnetic of itself.

In my report to the Surgeon-General, I remarked that it would yet come to pass that the physician would have to inspect his patients with compass in hand, in order to determine the proper position which his experience had taught him as being the best for them. I had the satisfaction to know that he did not consider this as at all improbable. Since leaving the army I have had no opportunity to make more extended observations, but I have constantly directed my attention to this subject. I order persons troubled with sleeplessness to change the position of their bed, and usually advise them to commence with an opposite direction to that to which they have been accustomed, or to that to which they may have changed during the night. I recommend this position for the next night, particularly if it was attended by better sleep. I give mothers the same advice about their children. Hundreds have been freed from sleeplessness by these means. I often recognize by the altered position alone, particularly in typhus, whether patients are better or worse.

The quantity of ozone (electrified oxygen) present in the air must also be observed, and will lead to many valuable results. In this wise metallo-therapy can also be made to subserve the purpose of Homœopathy, if the different metals be proved upon healthy persons, so that they may be applied according to the homœopathic law, as Hahnemann has shown the properties of positive and negative metallic magnetism. In the same manner only should electricity and galvanism be applied, and all other methods of applying them should be discarded, as they already have been productive of much mischief which could not be remedied. This statement could be proved by many examples.

Psychometric observations also have furnished results worthy of notice, and should be continued.

The subject of magnetism is so extensive that it is more difficult to treat of it in a brief manner than to write a comprehensive essay upon it; but as there are other articles to

be read, those who expected still other points to be elucidated will please excuse my shortcoming owing to the brevity of time and space. *Proceedings I. H. A.*

ON THE SYMPTOMATIC TREATMENT OF DISEASES.

C. G. RAUE, M. D.

Being in the habit of frequently reading in "*Hahnemann's Lesser Writings*," for recreation and amusement, I struck upon an article which he wrote in 1809, for *Hufeland's Journal of Practical Medicine*, under the title of *Observations on the Three Current Methods of Treatment*, in which he speaks of the *treatment of the name, of the symptom* and *of the cause*. The article is too long to be repeated here, but I thought I could make excellent use of it as a basis if I would speak to you on the *symptomatic treatment of diseases*.

The word "*disease*," and the name of any "*special disease*," you know, is an *abstract*, or a *concept*. If you peel off from a number of different yet similar diseased conditions to which human flesh is heir, the dissimilar, or, in other words, if you *abstract in thought* the similar from the dissimilar symptoms of many varied diseased conditions, and *unite* these similar conditions in consciousness, you obtain a *concept* of such conditions; that is, you grasp together in your mind what is *similar* only in various diseased conditions, and drop all dissimilar symptoms. If you now give to this group of similar symptons, which occur steadily in certain series of diseased conditions, a particular *title* or *name*, you express with that name an aggregate of symptoms or diseased conditions which frequently occur together, and make up a certain so-called disease. Scarlet fever, for instance, signifies a certain aggregate of symptoms, which, in certain diseased conditions happen to be associated with, or to follow each other; and so with all other so-called diseases. The *name*, then, of a disease, merely signifies a

certain group of symptoms which is common to a whole series of certain diseased conditions, but it does not specify at all the single *case*, which, beside its simile to the whole group, has also its *own individual character*.

If we now should undertake to treat diseases by their *names*, we would indeed treat them *symptomatically*; that is, the symptoms which the name implies would stand more or less clearly before our mind, but we would not trouble ourselves about the *individual character* of the case. And what a relief that would be! Indeed, treating by *name* is perhaps the most convenient method of all in dealing with diseases, and is as old, as old women have dabbled in medicine as herb-books have told their oracles, and quacks have sold their specifics.

Only think, how simple! "If the patient has the gout, give him Sulphuric Acid; the remedy for rheumatism is Mercury; Cinchona is good for ague; Simaruba for dysentery; Squills for dropsy!" Thus Hahnemann summarizes some of the specifics in vogue at his time. But *we* don't do that any more. Surely not! Now-a-days it reads: If the patient has the gout, give him Colchicum; the remedy for rheumatism is Salicylic Acid; Quinine is good for ague; Mercury for dysentery; Digitalis for dropsy. The thing looks funny; it seems to be a thing that is subjected to freaks, like fashion, and it surely must be a shallow and quackish sort of practice. Hahnemann says of it: "It is so repulsive to me that I cannot dwell long upon it."

Some of its adherents, even in Hahnemann's time, found out that it would not work; they looked for several remedies for each name of a disease, and pursued the following plan, which Hahnemann humorously describes in these words: "If A should not answer, try B, and if this will not do, a choice lies among C, D, E, F, and G; I have often found H and K of service; others recommend most highly J and L, and I know some who can not sufficiently praise M, W, and Z, while others extol N, R, and T; S and X, also,

are said to be not bad in this disease. Some English physician recently recommended Q in preference to all others in this affection; I certainly am inclined to give it a trial." "How frequently," says another practitioner, "have I formerly cured ague with Cinchona, and yet of late years I have met with some cases where I could do nothing with it. One of these, in which bark had long been used in vain, I might almost say with injury to the patient, an old woman in the neighborhood cured with chamomile tea. One of my colleagues cut short two cases of ague with a few emetics, in which neither chamomile tea nor bark in the largest doses was of the slightest service. I tried this method in cases where neither of the two latter medicines did good, but the emetics did no good either; I bethought myself of giving sal-ammoniac, and to my astonishment the patient recovered. Yet have I met with cases, where, after bark, chamomile, and emetics were tried in vain, sal-ammoniac also was of no use. Just about that time I read that Gentian and sometimes Nux vomica were useful in ague. I tried them; the former answered in two cases, the latter in three, where neither Gentian nor the other medicines were useful. Belladonna is also said to have cured certainly and thoroughly some agues, and we all know what good effects Opium often has. Recently I was much struck with a case of quartan ague that had tormented a robust peasent for a year and a half, in spite of the employment of every conceivable remedy; to my astonishment it yielded to a few drops of tincture of Ignatia, sent to him by a foreign professor. And, between you and me, I must give credit to our hangman for having occasionally effected radical cures of agues that were ineffectually treated by myself and my colleagues, by means of some red drops, which, I am credibly informed, contained Arsenic. So obstinate and capricious are agues sometimes!" "My friend," says Hahnemann to this, "do you never suspect that all these were different kinds of agues, or, rather, intermittent diseases, differing

completely from one another? If it were possible that an ague could be so capricious and obstinate, wherefore did it yield so readily to one remedy? Do you not suspect that there may be more than one, that there may be perhaps twenty different kinds of intermittent fever, which parempirical imbecility has included under one head, has asserted all to belong to a single species (intermittent fever), and has sought to combat all with a single remedy, whereas each requires its peculiar remedy, without thereby deserving to be called capricious or obstinate?" "Ah!" continues the other, "but the practical physician has neither the inclination nor the time to draw such fine distinctions betwixt similar diseases and assign to each its appropriate remedy. If the patient tells us he has intermittent fever, I and my colleagues give him (you fool! do you not wish to become a bit wiser?) at first an emetic or two; if that does no good, or does harm, we then give him Cinchona; if that does not cure in large doses, neither the common root nor the royal bark, we then give—". "Just so," continues Hahnemann, "you blindly give one after the other until you hit upon the right one; but you can only go on with your experiments as long as the patience, the purse, or the life of your patient lasts! Out of these list of drugs," continues Hahnemann, "which are all said to be good for a 'disease,' the more elegant physicians, to give themselves an air of rationality, constructed their compound prescriptions,—three, four, or six ague remedies, five, six, or eight dropsy remedies, all jumbled together, drawn at haphazard from the list, which were recorded in their manuals under the name, 'intermittent fever,' 'dropsy,' and used in practice by coupling them with some kind of spirits, syrups, etc. In this case, too, the mere name of the disease was combated, but, by your leave, gentlemen, much more *methodically!* with *several* weapons at a time. 'If one ingredient in the mixture does not do any good, then the second and the third, or if all these strings break, the fourth, the sixth,

eighth, tenth, fifteenth, may effect the desired object.' Thenceforth, no one would look so unlearned as to prescribe only a single medicine; thenceforth no prescription was given that did not contain a hotch-potch of simple drugs; and that, not for investigated, definite diseases, but for mere names of diseases! Parempiricism could not ascend higher; common sense could not descend lower." So says Hahnemann.

But then, my dear sir, *we* don't do such things now-a-days! In the first place, we are *homœopathists!* we—"Now, please," I hear some one cry, "stop talking about that old-fashioned thing; we are *scientific* physicians; we don't want any homœopathic journals, neither homœopathic colleges; we want scient"—*if*icals, I suppose, sure enough. Such *if*icals are quite in voge just now. *If* the cholera is caused by the comma-bacillus, you, of course, kill him right out; *if* diphtheria is the product of bacteria, you, no doubt, destroy the "vermins" at once; *if* consumption is brought about by some other kind of microscopical fungi, you naturally wipe them out by any means and as fast as possible, and after you have earned by such labor, based upon such theories, such scient-ificals, the blessings of those whom you have liberated from all pains and aches, even tooth-ache, for ever and ever, you will be a wiser man, if there be any spores of that kind in you. And this brings me to a second point—to the method of making the *cause* the pivot-point of treatment.

Hahnemann divides diseases in general, for practical considerations, into two classes: "diseases having a visible, simply material cause, and diseases having an immaterial, dynamic cause."

The first class is by far the less numerous of the two. Their indication for treatment is obvious. All are agreed that it consists in the removal of the material cause, be that mechanical, chemical or a mixture of both. A broken limb must be set, a dislocated joint must be readjusted, a foreign

body must be extracted, swallowed poison must be removed or neutralized. So far we might leave this whole group of causes out of consideration. But even here we meet occasionally cases where the entire array of mechanical skill or chemical knowledge is not sufficient for a cure. For instance, a wound may go on suppurating and destroy fascia and bone, even after a skillful extraction of the ball that causes it; a nail may have been thoroughly removed and the wound cleansed and dressed, and yet serious consequences—continued inflammation, threatening lockjaw—may still remain. Why? What is the cause of this untoward issue? Similar wounds have healed in other persons most readily. Why not in this case? Because there lies an immaterial, dynamic cause at the bottom of this case, which we cannot see, and of which we know nothing, that brings on this result. If we would attribute it to "a scrofulous diathesis, or a great vulnerability of tissue, or an idiosyncrasy," how much wiser would we be after such explanation? What would we know of its real, internal cause and of its treatment? *Nothing.* Take other well established causes of disease: "Fright, anger, worriment, unhappy love." We know only that mind has a great power over the body, but how fright may poison a mother's milk that her child is thrown into convulsions, how anger may so disarrange the working of liver and circulation, that jaundice follows, or how worriment and unhappy love may consume all bodily strength, we know not. You may make analyses, you may build up nice theories and make artful conclusions, but you cannot tell. Why did this person, equally frightened, escape all injuries? Why did another fuming with anger feel only the better for it after the storm was over? Why do some with plenty of worriment grow fat on it, like some horses on Arsenic? Ah! there are still deeper causes which will stand all such detrimental influences, like a duck's back the rain, and which we cannot detect by the microscope nor analyze by chemical means.

And what do they tell us as to treatment? *Nothing*, I say.

Take another instance, the weather. In speaking of it, I shall quote Hahnemann's own words: "How much have not some attempted to demonstrate to us respecting the influence of the seasons and of various states of the weather, as exciting causes of diseases! We were told of the variations in the thermometer and barometer, the various winds, and the alternations of moisture and dryness of the atmosphere for a whole year before the occurrence of an epidemic, and the murderous disease was attributed quite off-hand and without much consideration to the weather that prevailed during all that long period, just as if the disease could be derived from the state of the weather, or as if they have the relation to one another of cause and effect. But granting that there was something in this, at least in the variations of the seasons, how little comfort can the physician derive from these *unalterable* accompaniments of the world's course, how little *assistance* do they render him in proving the indications from which he can bid defiance to the epidemic actually prevailing! Were the season of the year and the previous state of the weather really the cause of the prevailing distemper, it would avail him little or nothing to know this, seeing that from this cause the specific remedy for the pestilence *cannot be deduced*." And I may add; still worse would we fare if we were to make imaginary idols our guides. And this has been done abundantly and *ad nauseam*. At one time all was sour; acidity lay at the bottom of all diseases, and alkalines reigned supremely; at another time the trouble was sought in bad humors, and purging and bleeding reaped a good harvest; then again all was bitter, the bile, the bile did the mischief, all the world was bilious, and all the world swallowed calomel and blue mass; again there was a time when the cause of all diseases was attributed to infarctions and lodgments in the abdomen. Solvent clysters by the hundreds and purging were the only safeguard against such dreadful conditions. "Don't you

see it?" holding the chamber-vessel under the doubter's nose. And—how wonderful—there the dreaded infarctions "were bodily brought to light in all their hideous deformity!" Hahnemann's remarks to the game: "Making omelettes in a hat is child's play to this."

But I must forbear following this interesting chapter on causes any further. And for what should I? *We* don't do such things any more; we have progressed in scient*if*icals. We kill intruders, as before remarked, straight out; we supply the want of iron in the system with scientifically prepared iron, the want of calcareous substances with scientifically prepared lime, the want of phosphorus with scientifically prepared phosphorus, the want of digesting material with scientifically prepared pepsin from the ox. That is a song in another key. Don't you see the difference? Ah! I see you have grown a good deal more scientific than the omelette makers in a bed-pan. But, pray, why is it that this body does not take sufficient iron, another not sufficient lime, another not sufficient phosphorus out of the natural food which contains these articles in sufficient quantities for all other people? Is it because in nature they are not prepared scientifically? Or is it because you only *suppose* the want of these articles in the blood to be the cause of the disease? Might it not be that the want of these articles in the blood is the consequence of an altogather deeper cause which you do not know? Would not, then, your scientific calculations be all at fault, and the administration of these scient*if*icals do more harm than good, as experience sufficiently proves? If a man's system refuses to take these articles from natural food, how can you force your scientificals upon it without damaging the whole fabric?

And this brings me to the other side of the question: Is a knowledge of the *causes* of disease, as far as we are capable at all of acquiring it, really of no use in the treatment of diseases? Or, in other words, do the causes of disease

really not indicate any remedy? No, they don't, not as *causes*. *Fright* is not labelled with *Opium* as its remedy which had first to be discovered by Hahnemann as its antidote by carefully comparing the *effects* of fright and the effects of Opium upon the human system, symptom by symptom. Only by symptomatic comparison it was found out. And if we give Opium just merely for the cause "fright," we may sorely miss our aim, as Aconite, Belladonna, Gelsemium, Ignatia, or any other remedy might be the exact remedy for our individual case and Opium not at all. We have even here to treat our case symptomatically and not by its cause "fright." The only use we possibly can make of this cause is that we thereby become enabled to confine our comparison of symptom with symptom to a smaller number of remedies which we know to have removed different symptoms or effects of fright. The desired remedy *may* be among this group, it may not, and then we have to search further until we find the right one. I admit that this is a hard road to travel, especially for the beginner, yet it is the only road to become a master in the healing art.

But I dare not enlarge any further upon this subject, although there is abundant material at hand. The cause, as cause, does not give us any practical hints for the removal of its effects. These effects must be compared to the effects of drugs; in short, our treatment must be symptomatical.

And this brings me to the third method of treatment, the *treatment of the symptom*. Now here, I hope, we shall have landed at last upon a smooth surface; or do even here discrepancies exist? "The homœopathists, you know," says one of the smart doctors, "are given to that peculiar drudgery of hunting up symptoms in anything, and they possess large books which contain nothing but symptoms, which they call their Materia Medica, and besides these, auxiliary books, which they call Repertories, nearly as thick,

to help them out of the woods, or to hunt for them a particular symptom, which they have set their head on to get hold of (you might just as well hunt in a bag of fleas for a particular one), and what is the funniest part of it, they go on increasing that bulk of symptoms year after year, greedily. Will not their paunch burst at last? Are they not infatuated? Are they not fools? They say they do it all for the purpose of treating diseases symptomatically." Now, look-a-here! we have done that thing long ago; we are doing it still. Treating symptoms! It is the easiest thing in the world! It is easier, even, than treating names. Here we must have at least an idea of the disease; in treating symptoms we need not even that, the patient tells us all. "I cannot go to stool," says he; "I'll make you go," says we. "I cannot make any water," says he; "We will make it flow," says we. What would our purgatives and diuretics be good for, if we would not use them? What are emetics made for? To clean out the stomach. What are astringents made for? To stop fluxes. What are antiseptics made for? To arrest putridity. What are sedatives made for? To quiet the nerves; to alleviate pain. What are antispasmodics made for? To allay spasms. What are diaphoretics made for? To make one sweat. And what are tonics made for? To strengthen, "*to tone him up, sir.*" If that is not as clear as daylight, I believe you cut your food with the fork and shovel it into your mouth with the knife. And see what splendid effect our treatment has! The constipated bowels have yielded a whole chamber full, the dry skin is bathed in perspiration, the pain gave place to a quiet sleep and the patient is happy and delighted about it. "Doctor," he will say, "you understand your business; the medicine did just what you said it would!" Such praise, you can imagine, makes us every time an inch taller. "We gradually," and this is the manner in which Hahnemann allows the man to talk, "grow into the period of divine routine, and then it is a real pleasure to be a prac-

tical physician. Then we have only to assume a dignified mode of carrying the head, speak in a tenor voice so as to inspire respect, give great importance to the movements of the first three fingers of the right hand in writing a prescription, and present a certain authoritative something in the attitudes of the body, in order to be able to exercise perfectly, in all its details, the golden art of the *savoir faire* of the routine physician. Of course, the smallest details of the attire, of the equipage, of the furniture, and of the array of servants, must all be in harmonious keeping."

Now, gentlemen, there is no doubt that this method of treating the symptom is certainly captivating to both the physician and the patient, and Hahnemann was quite right when he predicted that "Of all the false methods of treatment, this undoubtedly would have the longest run, because it does not necessitate much care nor much thought;" and he might have added, it has some show of succes, which captivates the public. People, as a general rule, do not want to get well; they do not know what that means; they want merely to get rid of a symptom which at present annoys them. Pain anywhere, or sleeplessness, or want of appetite, or constipation, or diarrhœa, or fever, and so on *ad infinitum*, are the troubles they want to have stopped. "If I can get rid of that I will be all right." And palliation does this in a great many cases. For how long? "That does not matter at present; the remedy can easily be repeated!" And with what consequences? "That does not matter either, for then the disease has changed its character, or has become altogether a different disease!" "Ei, so lüg' du und der Teufel!" which is an untranslatable German phase, meaning in a mild way to say: You are a big story-teller. Do we not meet daily such miserable victims of palliative treatment? But then what am I talking about? *We* are homœopathists; we—Hark! don't you hear that same angry voice again? "Stop your talking about that old-fashioned nonsense! We have advanced; we are scien-

tific physicians; we can handle the hypodermic syringe as well as others; we give Castor-oil or Aloe and Podophyllin pills whenever the other medicines fail in our hands; we shall even discard, by and by, our beloved quinine pills against fever paroxysms (everybody knows nowadays how to spell quinine and can get it himself at any drugshop; the thing is getting rather stale); we shall use in place of it the newly-discovered, real, scientific, antipyretic alkaloids, either the '*hydrochlorate of oxy-hydro-ethyl-quinoline*' (Kairin), or the '*letru hydropara-methyl-oxy-quinoline*' (Shallin), or the '*di-methyl-oxy-chynizine*' (Antipyrin). That sounds like science! And I defy any one of the laity to spell these names."

Well now, gentlemen, there you see. This is all symptomatic treatment, whether it be a treatment of the name, of the cause, or of the symptom. Why, then, do they all get so angry with homœopathists who professedly value their Materia Medica above anything, and search diligently for every symptom a single case may present to them, whether subjective or objective? It must have one or the other reason. Either they cannot grasp the law "*similia similibus curantur*" in its entirety, or they shun the work required to apply it effectually, and choose easier ways to get astray. Even should they shelter their mode of treatment under the plea of all sorts of plausible reasons, and allege it to be homœopathic after all, or follow implicitly the example of their authorities, it would not be a whit more homœopathic, but would remain what it realy is, a treatment either of the name, or of the cause, or of the symptom.

"Thus have I seen," says Hahnemann, "the devout monks in a monastery dine upon *partridges* on a *Friday*, but not before their prior had made the sign of the cross over them, accompanied by the transmuting blessing—*fiat piscis!* 'And it be fish!'" If that were homœopathic treatment, homœopathy would be much older than it really is; it

would not have needed the genius of Hahnemann to discover it. What, then, is homœopathy?

It is the science and art to find for a single given case of sickness, the curative remedy. This presupposes, first, a thorough knowledge of the *case*, and, secondly, a thorough knowledge of the Materia Medica. A thorough knowledge of the case, as far as that lies at all in the capability of our nature to acquire, we can gain only by a close investigation into all the objective and subjective symptoms of the patient. This includes physical examinations of all kinds, without and with auxiliary means, such as instruments, chemical analyses and so on, and a skillful drawing out of the patient's subjective feelings, his temper, desires, and aversions. These data have further to be defined by inquiring into the conditions and circumstances under and by which they are excited, aggravated, ameliorated, or removed. To accomplish this well it takes science and art, and yet it all would not suffice for homœopathic treatment, if it were not for the law, "*similia similibus curantur*," which Hahnemann has revealed to suffering mankind, and which will ever be a true guide in the search for help to the afflicted. But the application of this law presupposes a thorough knowledge of our Materia Medica and a skillful utilization of the same. Again, science and art superficially will never realize the full benefit of this great law, and hence so many errors, so many doubts, and so many deviations.

THE HARMONY OF EMPIRICISM is thus illustrated by the *Medical Record* of January 16th, 1886:

"The value of Phosphorus in many diseases of nervous origin is too well known to call for comment."—Dr. William Murrell.

"In my private note-book I attach to Phosphorus the name of humbug."—Dr. Samuel Wilks.

It is for this kind of "scientific medicine" that some members of the homœopathic school appear to be anxious to exchange their birth-right. It has some strange fascinations for some minds.

MATERIA MEDICA.

A STUDY OF GELSEMIUM.

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It is not my purpose in this paper to give a resumè of the action of this valuable drug upon the human organism, nor to indulge in speculations regarding the rationale of its many recorded effects, but to present hints for its therapeutic application in some of the diseases where it is often useful, in the light of my personal experience with it in such uses.

Gelsemium is especially adapted to nervous, hysterical, excitable people,—to those who are suffering or have suffered from depressing emotions, particularly for the physical ailments dependant upon such causes; to sensitive nervous temperaments; to young children and to onanists. The headache which I have come to look upon as most characteristic of Gelsemium is a dull, heavy, tired ache at the base of the brain. It is continuous, making the patient low spirited, or exceptionally "cross." He lies with the head high upon the pillow but desires pressure over the seat of pain. When standing or sitting the head inclines to fall backward and is frequently supported by the hands clasped under the occiput; this both for support and for the relief afforded by the pressure. Sudden motion or excitement will bring on quickly a severe, sharp or sometimes a throbbing pain which gradually resolves itself into the original ache. He is giddy on walking, the whole head feeling confused and is extremely averse to, and indeed scarcely capable of, continued exertion either mental or physical. This headache is worse from exertion especially mental labor, from smoking tobacco and from lying with the head low. It is relieved momentarily by pressure and temporarily by *stimulants*. Such headaches often follow a

debauch, the excessive use of tobacco, loss of sleep, continued mental labor, and sometimes violent emotions. Persons who come to us suffering from the effects of a debauch usually present one of three forms of headache. First, a dull heavy frontal ache, associated with a bad breath and heavily coated tongue—a reflex pain from the irritated and abused stomach. Here Nux vomica is the most frequently needed remedy. Again the pains may be violently throbbing, worse from light or noise, or especially from *jar*,—an active congestive condition where Belladonna, or more often even, Glonoine, may be the remedy; or, and this in my experience is a common form of headache among tiplers, the pains may be dull and heavy, referred mostly to the occiput, with sensations of fullness and confusion of the head. These are the patients who want a cocktail in the morning to relieve their nervous tremulousness, and to mitigate the pain in their head. For this headache, Gelsemium is a remedy of great value, more permanent and not so dangerous in its action as its only successful rival, viz., a champagne cocktail. The condition is one of passive cerebral congestion and general nervous depression. Gelsemium has also a congestive headache. The pain commences in the occipital region and extends from there over the whole head while the pain remains usually most severe at the point of original appearance. It is throbbing in character and not very severe. It may be accompanied by a moderate amount of fever, the face is flushed and of a dusky hue, the pupil of the eye may be *contracted* or dilated, or there may be the characteristic diplopia. (The face in Belladonna's headache is a lighter red and the eyes have a brightness not found with Gelsemium. The Belladonna headache is worse in the anterior part of the head; that of Gelsemium worse in the occipital region. The headaches of Gelsemium and Sanguinaria both commence in the occiput, but while the Gelsemium pains gradually involve the whole head, those of Sanguinaria settle over one eye, usually the right,

and are most severe there. The Sanguinaria headache terminates in nausea and vomiting which seldom occurs with that of Gelsemium. The headaches of Sanguinaria and Belladonna are both aggravated from light and noise; that of Gelsemium is sometimes only worse from noise and very seldom affected by light. The patient desires the head elevated under all three drugs but the desire for pressure is markedly a Gelsemium condition.) This congestive headache of Gelsemium is worse from motion, exertion, (mental or physical), and from alcoholic stimulants, the only exception that I know of, to the general rule in Gelsemium conditions, viz., relief from stimulants. A third variety of headache in which Gelsemium has served me well, is a dull heavy ache, not very severe, worse in the fore part of the head, accompanied with and often preceded by dizziness and dimness of vision, all of which is relieved by a profuse discharge of clear watery urine. This last condition I am led to believe by the observations of others, may be characteristic of the headaches in general to which Gelsemium is applicable. I myself have never met it except in the last mentioned variety.

Of the uses of Gelsemium in affections of the eyes I shall not speak but desire to call attention to three characteristic conditions which will serve as guides in other affections. These are ptosis, dimness of vision, and diplopia. No remedy has more markedly the drooping of the eyelid than Gelsemium. This will often aid in its selection in headaches, malarial conditions, neurasthenia and paretic or paralytic affections.

The dimness of vision consists most characteristically of a mistiness or smokiness before the eyes. This condition may precede the headaches which characterize this drug and at such times is accompanied with vertigo. The same combination, dimness of vision with vertigo, may be found in conditions of general weakness with loss of muscular power such as often follows severe or protracted illnesses.

The diplopia of Gelsemium is characteristic. Objects when seen double are, the one a little above and to the right of the other. Guided by this diplopia and the Gelsemium headache, my former associate Dr. Eaton, was led to prescribe this remedy in a severe and seemingly hopeless case of meningitis with prompt and marked relief; under its use principally the patient entirely recovered. Dr. C. Hering recommends its use in the congestive stage of cerebro-spinal meningitis. Its principal sphere of usefulness will certainly be found in this stage, but evidences of actual inflammatory action do not, in my opinion, contra-indicate its use, when the symptoms, especially the headache and the diplopia are such as call for Gelsemium. That they may be present in this disease during the inflammatory stage, I am sure. Of the diseases of the auditory apparatus in which Gelsemium is useful my experience warrants me in speaking only of deafness from catarrh of the eustachian tube. This deafness comes on somewhat suddenly and has periods of great relief. I have used it with benefit in such cases when they were acute or subacute. Gelsemium has been recommended for nasal, laryngeal and bronchial catarrh, in pneumonia, in spasm of the glottis and in bronchial and croupy coughs. I have no experience with it to offer in any of these diseases.

The mouth of one suffering from over doses of this drug is dry, the tongue coated yellow or a yellowish white, with a foul, "spoiled" breath. This without thirst or hunger. I have met these conditions in digestive disturbances and in malarial diseases where the Gelsemium was useful, but most markedly in brain troubles, as the meningitis already spoken of. The breath was of that peculiar and indescribable odor which we meet at times in brain diseases and no where else. I have used Gelsemium with good results in a condition in nervous women where the mouth seems persistently dry, with absence of thirst, and where Nux moschata, has failed (as it often has in my experience.) The

tongue presents many symptoms of nervous irritation, and later of paretic or even paralytic conditions, such as sensations of thickness, of numbness and burning, constriction of the base of the tongue, partial and even entire inability to articulate. In the throat we find the same sensation of dryness that we have noticed in the mouth. The most marked condition in this region, however, is the paresis of the muscles of deglutition.

"Spasmodic sensations and cramp like pain in the gullet;" "inability to swallow though he tries" etc., etc. We are reminded by these symptoms of the paralysis of the throat seen at times in hysterical subjects, and of post-diphtheritic paralysis of the muscles of deglutition. In both conditions it has proven a valuable remedy. Upon the stomach and abdomen there are two effects worthy of special mention. The one of retarded digestion with various symptoms of accumulation of gasses, as eructation, hiccough, heartburn, and colicky pains which are relieved by dejections of flatus. Colicky pains with sensation as if stool would follow, and indeed, followed by stool. In these conditions it will always be of secondary importance while we have Carbo veg., Colocynth Dioscorea, Cinchona, etc. In neuralgic pains through the abdomen, unaccompanied with gaseous accumulation, and which are temporarily relieved by *stimulants*, I say from personal observation and with great confidence, you may expect favorable results from this agent. Its range in bowel complaints is not wide but it is invaluable when needed.

"Many persons are seized with diarrhœa whenever subjected to sudden depressing emotions particularly fear and anxiety. * * * * Gelsemium removes it, together with the trepidation which caused it." This remark of Dr. J. B. Bell's from that most excellent of all our monographs, his "Therapeutics of Diarrhœa &c" has been so often proven that I need not further speak of this condition. Another however, and one which I regard as second to this one only

in point of importance and in usefulness of the drug, I shall speak of more at length. It is diarrhœa or dysenterry *accompanied with severe pains in the stomach and (or) abdomen which are relieved promptly* (though but temporarily) *by stimulants.*

The following report of a case may not be out of place here. Mrs. L—, an extremely sensitive and nervous woman, aged 92 years, has been suffering for four days from dysentery. The stools which were of bloody mucus, have changed under remedies and are now small and consist of mucus and small particles of fecal matter. They are frequent, and attended with much straining which is relieved after the evacuation has been accomplished. With the desire for stool, which is often ineffectual, comes a severe pain, hard and continuous, in the lower abdomen, and this pain, together with the tenesmus is relieved at once by a swallow of brandy. The departure of her son this morning made her angry, and later, sad and depressed. Since his departure she has suffered much more acutely. At 10 a. m. I gave her Gelsemium 1000 in water to be repeated every hour until better, then every three hours. At 9 P. M. I found the pains and tenesmus much better, the stools larger and more fecal. She is more cheerful and has passed a comfortable afternoon. All symptoms of a dysenteric character disappeared entirely within the next twenty-four hours.

Dr. Amos, in his proving of Gelsemium noticed the following symptom: "Sensation as though something remained behind when urinating; the stream stops and then commences again." This symptom, pointing to spasmodic stricture of the urethra has led to its use in this disease with favorable results. In one case of gleet with slight, glairy discharge, most noticed in the morning, accompanied with spasmodic stricture of the urethra, Gelsemium 1st cent. in drop doses three times daily, proved curative in five or six days. The gleety discharge disappeared with the stricture. The dose was hardly sufficient in this case to credit the favora-

ble result to an antipathic action of the drug, and I am of opinion that a higher potency would have acted equally well, or possibly better. I have had no opportunity to use it again in a similar case however, and can not of course speak "as one having authority."

A frequent emission of clear limpid urine which relieved the head symptoms, viz: "pain, giddiness, dullness, heaviness" and so on, was a symptom noticed by several provers and one which has proved a valuable and reliable guide in prescribing.

Nocturnal emissions of semen during the weakness following prostrating illnesses or in old onanists, especially where the genital organs are flaccid and cold and the emission occurs without erection, is the condition I think, where the Gelsemium will prove a valuable therapeutic agent.

In cases where the emissions are commencing as a result of the vice of masturbation, and are accompanied by sharp, even painful erections, it will prove useless.

In diseases of the female genital apparatus Gelsemium has proved useful in several conditions which I shall not attempt to mention because, either I have had no experience in them or can add nothing to what is already well known. In two conditions however, where I may speak from experience I will testify to its value. Of these the first is in rigidity of the *os uteri* during labor. The *os* will be found thick and rigid, (Belladonna, thin and rigid) while the pains may or may not present the characteristics of Gelsemium viz: "Going from before backward to the Sacrum and hips." Gelsemium in this condition promptly relieves the rigidity and promotes a natural and healthy labor. It is not necessary to use the drug in tincture or the lower potencies to produce antipathic action as some observers or theorists seem to think. The 200th potency has served me so well that I have never felt it necessary to use any other.

The other condition relating to these organs of which I

wish to speak is uterine displacement with the usual dragging pains in back and abdomen, accompanied with general muscular relaxation, tired, "played out" feelings, etc., where such condition follows depressing emotions, as the continued work, anxiety and watching of attendance upon the sick. Mothers, after attendance upon sick infants, where the natural anxiety, the continued muscular exertion of carrying the child, and sometimes the grief of losing it have brought on uterine displacements, have been, in my practice, materially benefitted by this drug.

I have once met that peculiar symptom: "Feels as though she must move constantly or the heart will stop beating." It was in case of a very nervous woman, a poor sleeper always, a high liver who took but little exercise, and who was subject to violent attacks of indigestion. Gelsemium relieved her promptly. I am but repeating what you all know as the most marked toxic effect of Gelsemium, when I say that it produces upon the muscular system in every general symptom of depression from the tired feeling and tremulous weakness to complete paralysis, and all without loss of consciousness, and with comparatively little affection of the sensory nerves.

It has been found useful accordingly in diseases presenting similar conditions as, e. g., in spinal congestions, paraplegia, locomotor ataxia, etc. In neuralgias it will not be often useful, and here I think the key note will be, that the neuralgic pains are *relieved by stimulants*. In muscular tire, with mental tire as well—a general laziness (where this is not the normal condition) Gelsemium is a sovereign remedy. Such conditions are frequently the precursor, and more frequently a sequel of malarial diseases. They are also met with in over-worked brain workers, as professional men. Such patients are also poor sleepers, even though drowsy a good deal of the time. Youth who are growing rapidly; misses at about the time of the menstrual establishing; onanists and they who too often "look upon the

wine when it is red," and the beer when it is bitter; persons who have over-exerted themselves muscularly when the pain and lameness has gone, but the tone of the muscular system does not return, all are good subjects for Gelsemium. These are conditions which are usually temporarily relieved by stimulants and this modality, when present, is an additional indication for the use of the drug.

Restless, uneasy, dreamful sleep, when accompanying other troubles, is an indication for the use of Gelsemium. The dreams are unpleasant, or of exertions which weary the dreamer (the sensation of tire manifest in sleep), or about the business of the day. They are working at their usual avocations and are wearied thereby. This restless sleep is often followed by drowsy days.

The fever of Gelsemium is one midway between the sthenic fever of Acon. and Verat. vir., and the asthenic fever of Bap. Bry. or Rhus tox. The temperature never runs high, the pulse is full, flowing and not rapid while the patient is at rest but becomes more frequent upon exertion, the tongue is coated yellow, the skin lacks the pungent heat of the sharper pyrexial, and there is usually present headache of one of the types mentioned, especially the occipital pain.

In malarial fevers its most useful place is in the intermittents of children, where the chill is lacking and the patient has much nervous irritability. There is not present the restlessness and thirst of Arsenic which it most resembles in these troubles. In the beginning or at the ending of the so-called gastric fever—the remittent malarial fever—it frequently finds a place. I think, however, that its principal use in malarial conditions will be found in the general malaise, weakness and mental and physical tire which precedes and follows the active manifestations of this poison. In such conditions it acts well.

In conclusion let me again and emphatically express my conviction that the general conditions to which Gelsemium

is suitable, and especially the neuralgias and the states of general weakness, mental and physical, will experience a temporary relief from stimulants. This modality as a "characteristic" of Gelsemium, I am, so far as I know the first to have noticed, or at least to have called public attention to. In a paper published something more than two years ago, in the *Homœopathic Physician* I called attention to this condition and related a case of intermittent neuralgia cured by this drug. At that time I had not examined the original provings and thought the symptom purely clinical; but when, on examination of the provings, and especially the involuntary (or toxicological) we find that in all dangerous cases the promptest, if not the only relief afforded the sufferers was from the use of stimulants. We must recognize this as a proven, not a clinical symptom, and when you have seen many conditions where this indication was present yield to the use of Gelsemium, I am sure you will regard it as amply confirmed and as a valuable and reliable therapeutic guide in your practices.

DISCUSSION.

Dr. Wells would add a fact in the relation of Gelsemium to fevers as observed in himself many years ago, when he was engaged in investigating the infusoria, and in seeking for them got in a very foul spot and was made sick. The sickness threatened to become serious. Gelsemium, one dose, relieved at once. He believes it is almost sovereign in the early stage of zymotic fevers.

Dr. Kent: Many drugs, we know, have a double action. Gelsemium produces muscular and physical depression with activity of the mental state. In one patient from a low potency there were contraction of the pupils and mental activity and not much fever; he has verified this many times. Among the first things one hears in a case for Gelsemium is, "Doctor, I'm so tired." "I don't see how I got so weak, so tired, so heavy." A lady had occipital

pain extending to the shoulders, as if in the muscles of the neck drawing the head backward, with heaviness of the body and arms. Gelsemium promptly cured.

Redness of face and not much heat belong to it. The diarrhœas of Gelsemium have a *cream colored stool;* in Aloe it is cream colored mucus; in Gelsemium it is scanty cream colored fecal, with more or less straining. Diarrhœa from excitement is characteristic of Gelsemium. One dose of the 77m. of Fincke cured a young lady who had diarrhœa in going on the stage to sing solos. It is also suitable to soldiers going into battle.

Dr. Brown had found it useful in four cases of acute paralysis. In one, a young married man, it came on gradually, first in the left foot; in forty-eight hours he lost all use of his limbs; had been sick three weeks when he saw him. There was great heaviness. He gave Gelsemium 3x, and in five weeks he had good use of his limbs. Another case now under treatment is a lady of seventy years, who was taken suddenly with heaviness in the hand; she could not raise it; it was below the elbow. He gave Gelsemium 3x, and she is improving.

Dr. Allen said relief from stimulants is a marked characteristic of Gelsemium; but we find many cases in which characteristics are wanting. Four years ago a minister, after recovering from malarial fever, had diarrhœa on going into the pulpit, was compelled to use a clay commode before going into the pulpit, although he had no fear of failure in his preaching. Gelsemium 200 relieved him much, and the 1000 potency cured him. When a student, at the time Dr. J. S. Douglas was proving Gelsemium, he took a drachm of Gelsemium tincture; one symptom was great heaviness of limbs and body; it leaves a lack of co-ordinating power. It has been useful in post-diphtheritic paralysis with heaviness and loss of co-ordination. Another remedy, Lachesis, has a similar sensation in the limbs, as if tied to the bed from heaviness. Many such cases are relieved by Lachesis.

In intermittents, chills run up and down the back the whole length of the spine, occasionally also cold waves run up the back in the hot and sweating stages. He regards this as the most characteristic indication for this remedy in intermittents.

Dr. Nash would call attention to Gelsemium in the diseases incident to old age, especially the trembling.

In the case of a lady of eighty years who had been for a year depressed in mind and body, could hardly sit up, with a pulse of forty. Under Gelsemium 200, the pulse, in one week, went up to the normal beat. In a short time the slowness returned and did not yield to other remedies, but under Gelsemium c. m. (Fincke) it came up to the normal and remains there. In another state, the depression of typhoid before the rise of the temperature and pulse, he believes that he has, with Gelsemium, lifted many a patient from what would have been typhoid fever. After taking Gelsemium in this depressed state the patients have a feeling like blood tingling to the finger-tips, or like blood going all through them.

Dr. McLaren said that when with the nervous trembling the patients want to be held; Gelsemium cures in two or three minutes. It is also curative in headaches from tobacco.

Dr. Butler: With headache after intoxication there is muscular tremor, nervous irritability and depression. Gelsemium relieves and prevents a second debauch. A patient in his neighborhood was lately attacked with convulsions in the night, he thought probably from a plug in a small artery of the brain; the right arm was paralyzed. He recovered quickly after one dose of Gelsemium 30m. (Fincke).

APIUM GRAVEOLENS.

(TINCTURE OF CELERY SEEDS.)

W. P. WESSELHŒFT, M. D., Boston, Mass.

Proving of Miss L. Miner, aged 48, a large healthy blonde woman. Has a slight chronic catarrh of posterior nares, and formerly subject to sick headaches at her monthly periods. Is still regularly menstruated. Is a nurse by profession. Very intelligent.

March 1. At 10:30 P. M., took a tablespoonful of the solution of the 6th centesimal potency three drops in half a tumblerful of water. Half an hour later a sensation as if both eyes were sunken back into sockets, lasting fifteen minutes; followed by a slight frontal headache which continued all night whenever she awoke, and was present in the morning. At 4 A. M. a dull ache in sacrum with slight bellyache. Pain in sacrum relieved somewhat after getting out of bed; worse again as soon as she laid down—awoke at 4 A. M. with perspiration on forehead.

March 2. Took a tablespoonful of same solution at 8 A. M. Pain in sacrum worse after lying down at 11 A. M., somewhat better on moving about, but continued all day. With this backache some pain in lower abdomen, as yesterday, on first lying down; passed off after continued rest in the lying position.

Five P M., took another tablespoonful of the solution. No more symptoms. Pain in sacrum continued slightly.

March 5. Took a tablespoonful of a solution of three drops of the 13th centesimal in half a tumblerful of water. Within half an hour nausea, which lasted half an hour. During the night felt an itching on left buttock; after scratching felt a blotch, or elevation like an insect bite.

March 6. Took two more doses at intervals of six hours without further symptoms.

March 7. At 9 P. M. took a tablespoonful of a solution of

three drops of the 3d centesimal in half a tumblerful of water.

In about two hours felt an itching in different parts of the body and limbs. This increased to being very uncomfortable, and finally little red elevated pimples showed themselves. These itched terribly; the itching was somewhat relieved by scratching, but followed by burning, creeping sensation. The itching would start with a sharp, fine pain, like the bite of an insect, and produce a shudder or tremble of the part affected; then followed the burning feeling after scratching.

Got no sleep till 4:30 A. M.

Backache after rising precisely like the one on first day. The itching continued during the forenoon but grew less and less.

March 8. At 1 P. M. took a tablespoonful of the same solution. In half an hour itching on the left lower jaw, followed after scratching by elevated red blotches; then itching red blotches on instep of left foot and outside of ankle of same foot. Pain in sacrum all day, again aggravated on lying down. 9:30 P. M., took a tablespoonful of same solution. Am sure the itching and provocation to scratch are worse during the night. Though made very uncomfortable during the entire night by the itching, there was but very little eruption. Would hardly get the itching allayed in one place when it would appear in another with the same intensity.

The pain in sacrum severe all night when lying down, but did not feel it when up.

After scratching, the flesh felt bruised and sometimes left a raw excoriated sensation.

March 9. The itching continued during the day, but gradually decreased. A dull headache in right temple began about noon, with nausea continuing till evening (her chronic headache invariably began in left temple).

Has had three very urgent, well-formed stools to-day.

The desire comes very quickly and urgently, preceded by some pain in abdomen going directly into the rectum, with a feeling that she cannot retain the stool a moment (Two stools yesterday of the same character, preceded by same symptoms).

March 10. Itching awoke her frequently during the night, but no return of it afer rising in the morning. No further symptoms during the day.

Took another tablespoonful of the same solution at 11:30 P. M.

March 10. Before taking the medicine the itching had returned slightly, and did not seem to increase much during the night.

The same backache on rising. The pain seemed to extend further up the back and more on the left side.

During the night had a tickling in top of windpipe, causing a dry cough.

March 11. Took two doses at intervals of six hours. No new symptoms, but the itching continued, though slightly.

March 12. Took another dose before breakfast. Have had the backache considerably in the same way, while lying down. Itching continues.

All during the time of proving there has been a change in her catarrhal symptoms. The discharge has been very tough and pearl colored, a good deal of droppiug into the back of throat, coming on without warning.

March 13. Later in the evening felt itching of left cheek and jaw; after scratching, red blotches rose, followed by burning. Has had itching on different parts of the body, worse after undressing and during the night.

April 4. Took a teaspoonful of the 1000th centesimal three drops in half a tumblerful of water, at 11:30 P. M.

The same kind of itching returned, though not as distressingly as before, during night.

April 5. Took another dose of the same at 8 A. M. Felt

a tickling in nose and desire to sneeze during the forenoon.

Took another dose at noon without any sensations.

Took another dose at 11 P. M.

More itching through the night; after scratching elevated red blotches in different parts of body.

April 6. Took dose of same at 8 A. M. and 11 P. M.

More tickling in nose and sneezing and coughing, and slight wheezing during the night.

April 7. Took a tablespoonful of same solution at 10 P. M. Awoke with dull headache next morning, which continued all day.

April 8. Took a tablespoonful of same solution in the morning and another at 10 P. M.

Had wheezing breathing in the night. Itching during the day, and worse during the night. Itching on left jaw with red eruption. This has continued more or less severe during the whole proving.

For several days had a burning inside the thighs, which now looks like a raw chafed surface extending to the groins, more on the left side, burning accompanied by itching which is worse during the night; does not continue uninterruptedly, but has spells of being very uncomfortable.

The itching on the left jaw extends to the whole left side of the face and nose, leaving a burning sensation after scratching. Had a dull headache all day, better while eating, and in the open air.

Went to bed with a severe headache, and a sharp pain over right eye and temple. This continued all night, being more severe than at any time during the proving.

April 9. Headache in right eye and temple continued; much better while eating breakfast, but came back again after I finished the meal, but not as severely. During the morning sneezing and watery discharge from nostrils, accompanied by a constant tickling in right nostril.

April 10. Had a feeling in the right leg like growing pains; came on before I retired, and continued most of the

night. In the morning awoke with the same kind of backache, which was relieved on rising.

April 11. Same sneezing, running and tickling of the nose this morning. Continues in a less degree during the day. In the afternoon a sore spot on tip of tongue, which felt like a canker sore. Itching of lips, with a desire to rub them with my teeth.

April 12. The same symptoms of cold in the head this morning, passing off during the afternoon.

Itching of the lips in the afternoon as the day before.

Constant dull headache all day; better in the open air.

Wheezing sound in throat has disappeared again.

Itching of the right side of face more or less constant during the past twenty-four hours.

April 13. Towards night discovered several red blotches in the left sacral region. They appeared like those which came out on the left jaw, but continued only twenty-four hours. They itched intensely during that time. More or less itching of the face; more on the left and on the edges of the lips, though not as intense or annoying as before.

April 18. Red, intensely itching eruption on upper inner part of thighs extending to groins; worse on the left side. This eruption has appeared towards night for the past three days.

Still occasional itching about face, followed by burning after scratching.

Proving by Miss Dean. Dark brunette, about twenty-five years of age. Is perfectly healthy as far as she knows.

Friday, 10:30 A. M. Took one teaspoonful of a solution of three drops of the 6th in half a tumblerful of water.

Two P. M. Pain in left temple which spread over left side of face and to the top of head.

Scalp sore to touch. Hot feeling on vertex.

Nostrils stuffed.

Dull, sore pain in left upper and lower teeth.

All these sensations continued until late Friday night.

Saturday morning awoke with a very sore feeling over the whole top of head. Nose felt stuffed, with pain in forehead. About noon symptoms disappeared.

Proving by T. W. Mann, medical student, about 25 years of age. Spare, light brunette. Previous to date, as far as I know, in perfect health.

March 18, 1882. In the morning got three drops of the 13th attenuation in half a glass of water and took two teaspoonfuls every three hours during the day. After a hard day's work in a surgical clinic, not eating dinner till 4 o'clock, felt much more tired than usual during the evening. At 10 P. M. reading or studying affected my head, so that I was obliged to go to bed, or sit up and do nothing.

Headache as though I had been struck with a boxing-glove; like an ache from a heavy jar mainly deep in left temporal region; almost a throbbing ache. Head not confused, but reading makes head very tired. Broken sleep through the night and whenever awake this ache described above was constant.

Air rushing down posterior nares hurts the back of throat.

In the morning no appetite for breakfast. Felt very weak. The same pain in the head continued, and coupled with the sense of weakness; was unable to do anything. I could eat nothing from Sunday morning till Wednesday night. The pain in the head seemed so severe that it weakened me, at any rate there seemed nothing else to account for it.

March 19. Symptoms as stated for the night previous are mainly the same except much more severe. Any change of temperature brings on a chill, mainly in the back, or where the lower temperature strikes the body.

Must keep eyes partly closed, as light increases headache, but does not hurt the eyes.

Muscles of back of neck pain on motion. Seem to be sore on pressure from the severity of the headache.

In the afternoon and evening no food. Headache increases constantly. No sleep all night. Bowels regular. It is now a distinctly throbbing headache, deep in and through both temporal regions, and some in the frontal.

Can count heart beats day or night, either by hearing or feeling in the chest; and most of the time can count them in the head. Stooping increases pain greatly. Cannot move head or nod it without increasing pain. There is no pressure in the head and nothing makes head better or worse than motion or the lack of it. Complete rest and quiet, (even to uncomfortableness) stops the headache at any time, yet the throbbing continues.

Throbbing in head without pain when at rest; when moving the throbbing becomes painful.

Have to breathe through mouth, as expiration through nose makes throbbing painful.

Soft palate red and sore. No appetite.

March 20. Pain more severe in the head. Throat sorer. Muscles of neck more tender.

March 21. Took train home, as I was afraid to remain longer. Although not sleeping I felt stronger in the morning. Thought this morning I was getting better, but the latter part of the day much weaker and more pain in the head than any day.

Not thirsty but three mouthfuls of cold water eased the headache very much for some minutes. Hot compresses to forehead relieves pain at once until I begin to move. By remaining quiet long enough without moving, pain would all go away.

In attempting to sleep, the forced quiet soon became painful, for the slightest movement, especially of the head, would bring on the ache in full force. The throbbing without pain did not necessarily keep me awake, yet I could not get to sleep without great exertion, and then would wake up

unrefreshed in ten minutes. No headache on waking, if I waked up without moving.

In the evening our family physician came with his hypodermic syringe, and injected cold water into my arm. This put me in perfect ease for an hour, its beneficial effect commencing in about three minutes; I could walk and talk without pain.

March 22. Morning as bad or worse than ever. At noon had a sudden desire for an orange; I was very eager for it. I rose and ate it; the first thing I had eaten since Saturday, (this was on Wednesday). It made my head worse as all attempts at eating had done before.

At 2 P. M. felt sleepy for the first time; lay down and was asleep in a minute; awoke in a very short time unrefreshed with the old headache.

At 6 P. M. ate some Indian meal gruel, for which I had a sudden longing. My headache stopped short at the last spoonful, and have had no more since.

Throat has been very sore all day. Soft palate and fauces swollen and dark red. Slept well during the night, and during the next day. My throat recovered wonderfully quick.

Note:—This prover never had a headache before in his life. He ate nothing from Sunday morning until Wednesday noon, and got hardly any sleep during that time. He had a decided remission of spmptoms during the morning and forenoon.

Resumé of Symptoms.

HEAD.

Frontal headache worse during night.

Dull pain in right temple with nausea.

Headache over right eye and in right temple worse during night.

Pain in left temple spreads over left side of face and top of head.

Pain as from a jar deep in left temporal region, a throbbing ache.

Deep throbbing pain through both temporal regions.

Muscles of back of neck sore to pressure with headache.

Throbbing in head painless while at rest, becomes painful on slightest motion.

Painful throbbing aggravated by expiring through nose.

Headache relieved while eating.

Headache aggravated while eating.

Headache relieved in the open air.

Aggravation from reading or studying.

Light increases headache, must keep eyes closed.

Aggravation from slightest motion or nodding head.

Relieved by complete rest.

Relieved by few mouthfuls of cold water.

Relieved by hot compresses.

SCALP.

Soreness to touch.

Heat on vertex.

EYES.

Eyeballs as if sunken into the sockets.

NOSE.

Tough pearl-colored discharge from nostrils.

Sudden dropping of mucus into posterior nares coming on without warning.

Tickling in nostrils with sneezing during the forenoon.

Tickling in right nostril with watery discharge and sneezing.

Nostrils stuffed, with pain in forehead.

Expiring through nose produces painful throbbing in head.

FACE AND LIPS.

Itching of left lower jaw, followed after scratching by elevated red blotches.

Itching of left side of face and nose followed by burning after scratching.

Itching of lips with desire to rub them with teeth.

MOUTH, TONGUE, TEETH.

Sore spot on tip of tongue.

Dull sore pain in left upper and lower teeth.

THROAT.

Soft palate and fauces sore, dark red, and swollen.

Air rushing down posterior nares hurts back of throat.

STOMACH, APPETITE, NAUSEA.

Entire loss of appetite.

Slight nausea.

Desire for oranges.

Desire for oatmeal.

STOOLS.

Three urgent well formed stools during the day.

Desire for stool comes quickly, preceded by sharp pain from abdomen directly into rectum, with feeling that she cannot retain stool a moment.

LARYNX. COUGH.

Tickling in top of windpipe causing dry cough.

BREATHING. HEART.

Wheezing breathing during the night.

Can count heart-beats by hearing, and feeling it in chest.

BACK.

Dull pain in sacrum, with slight bellyache.

Pain in sacrum more on left side, extending to lumbar region.

Muscles of back of neck painful on motion, sore to pressure.

Pain in sacrum relieved after rising from bed and moving about.

Pain in sacrum aggravated by lying down.

Red, intensely itching blotches, in left sacral region.

LOWER EXTREMITIES.

"Growing pains" in right leg during night.

Burning on inside of thighs.

Raw excoriated surface on inner thighs extending into groins, worse left side.

Red itching blotches on inside left foot and outside of ankle.

SLEEP.

No sleep for three nights and days.

Not fatigued by loss of sleep.

Sleep broken by bruised pain in left temporal region.

FEVER.

Slight change of temperature causes chilliness mainly on back.

Perspiration on forehead on awaking at 4 A. M.

SKIN.

Itching on all parts of body and limbs.

Elevated red pimples all over body with intense itching.

Itching commences with fine sharp pain like the sting of an insect, accompanied by a shudder over affected parts.

Itching changes location after scratching.

After scratching, skin feels bruised with sensation of excoriation.

Itching worse after undressing in the evening.

Eruption like insect bites on nates, with intense itching.

Itching somewhat relieved by scratching and followed by burning.

Itching aggravated during the night till 4 A. M.

Itching of left jaw, after scratching elevated blotches.

Red, itching, elevated blotches on instep of left foot and outside of ankle.

Itching of raw excoriated surface extending from inside thighs to groins, worse on left side.

Proceedings I. H. A.

MATERIA MEDICA NOTES.

E. B. NASH, M. D., Cortland, N. Y.

PULSATILLA.

Mr. H—, age 45 years. Stout and well built, light brown hair and eyes. Symptoms: Great difficulty in voiding the urine, although there is urgent and frequent desire to do so. This is much aggravated *when lying, especially upon the back.* Is much relieved of the urging and distress when sitting upright. Pulsatilla 200 in water, once in two hours, soon relieved and enabled him to pass water without difficulty.

The patient's brother-in-law being a physician, he wrote him about the case. The doctor replied that it was *kidney trouble,* and sent him a prescription (allopathic) for it. After taking this a few days I was again called in and found that his former symptoms had returned in a very aggravated form. His distress was so great that he thought he must have immediate relief.

With my best efforts with different sizes of flexible and silver (common and vertebrated) catheters, I utterly failed to enter (the first time in my life) the bladder. I then told him that I would have to give him some medicine before I could relieve him, and gave him Pulsatilla 30th in water, a spoonful once in two hours, and called again in the evening, when he voided his urine without help and has done so ever since—now two years. I followed the Pulsatilla with a few drops of Hepar sulph., on account of urine "passing tardily and without the natural force."

Thus is verified symptom 682, Allen's *Encyclopædia.*

STAPHISAGRIA.

About a year and a half ago I found myself inclined to frequent urination, with this peculiar condition: Burning or a sensation of heat in the urethra, morein the middle

and back part *when not urinating*; felt worse when sitting. I suffered for several days during which I took Arsenicum, Cantharis, Capsicum, and some other remedies which I do not now remember. Not getting relief, I began to feel concerned, and did just what I ought to have done in the first place—studied the Materia Medica to find the remedy that would just cover the case, which was Staphisagria. A few doses of the 200 completely relieved me in twenty-four hours, and I never had a return.

Thus is verified symptoms 75, 77, 78 Allen's *Encyclopædia.*

IRIS VERSICOLOR. (From memory).

Mrs. Mott, aged about 32, began having a pain in the stomach, which was after a few days followed by vomiting of stringy mucus. The mucus vomited was so tenacious at first that it would hang together, while lying in a bed, from her mouth to the vessel on the floor. There was burning in the mouth and along the œsophagus into the stomach. I do not remember all the remedies I tried for two weeks or more, but among them were Ipecacuanha, Bryonia, Pulsatilla, Mercurius, Hydrastis and Kali bich. The character of the vomited matter after some time changed to a coffee ground color. There was tenderness to touch over region of stomach, and things began to look to me, as well as to the patient and freinds, like cancer or some other malignant disease of the stomach. The patient, naturally very fleshy, became greatly emaciated, not being able to retain but very little nourishment of any kind.

There was one symptom that I have not yet mentioned, and which finally led me to the remedy that cured, viz.: *constant and profuse flow of ropy saliva.* The amount was enormous and, like the matter vomited, would hang in a string from the mouth to the vessel on the floor. This remedy, which was found to cover more symptoms than any other, was given in the 3x potency, in solution, once in three hours, until improvement began, then at longer intervals,

cured quickly and permanently, I think, as there has been no return of the trouble since—now four years.

CAULOPHYLLUM.

Mrs. B—, aged 40, spare, dark complexion, dark hair and blue eyes, wry neck, seven months pregnant, was taken with pains in the finger joints, with some swelling (but not marked). She had been broken of her rest nights for a long time, taking almost the whole care of a daughter, afterwards a son, the first with typhoid fever, and the last with typhoid pneumonia. There were pains in other parts, especially chest, apparently in the intercostal muscles; also in the shoulders, but the worst in the finger joints. The only way she could get any relief so as to sleep when she could lie down was to envelope the painful fingers in mustard. I finally, after trying Actea spicata 30th without avail, put her upon Caulophyllum 3x in solution, once in three hours. This relieved the pains in the fingers, but brought on bearing down uterine pains so severe that she stopped the medicine for fear she would miscarry. The bearing down pains subsided and the finger pains returned in full force and continued until she was delivered, when they ceased for two or three days. Then the lochial discharges, instead of gradually decreasing, increased until they amounted to a real metrorrhagia, much aggravated by the least movement. The flow was of a passive nature, dark and liquid, with some clots. There was great weakness and sense of trembling from weakness, although there was no *visible* trembling, and now, to crown her sufferings, the finger pains began to return with great severity. Cinchona, Arnica, Sabina, Secale and Sulphur did no good. I was afraid of Caulophyllum for the reason that it brought on the bearing down pains before she was confined. But I now concluded to try it high. Gave it in the 200 potency and cured the whole case without any more trouble.

MELILOTUS. (Sweet clover).

During the run of typhoid fever of the young lady referred to in the Caulophyllum case, she was attacked with profuse epistaxis. One attack followed another, once, sometimes twice in twenty-four hours, until I became alarmed on account of the great loss of blood. The attacks occurred mostly at night. She had been subject to frequent attacks of nose-bleed since childhood, from the time she was injured in the nasal passage by a button she pushed up her nose, and which a "regular" claimed, after much violence, to have pushed down her throat, but which in reality remained in her nose a long time—several months—when it was finally ejected in a sneezing or coughing fit. Two years before the fever I carried her through a very severe attack of diphtheria, which was also attended by severe nose-bleed, also occurring at night, the blood hanging in clots from the nose, like icicles. Mercurius sol. 30 then stopped it very nicely. Now the blood clotted some but not so readily. Mercurius did no good. Every attack was preceded by the most *intense redness and flushing of the face and throbbing of carotids* I ever saw. The nose-bleed would invariably follow, within a few hours, this apparent rush of blood to head and face. Belladonna would not help, nor Erigeron, which in *Hering's Condensed* has "congestion of the head, red face, nose-bleed and febrile action." Melilotus 30 relieved the nose-bleed and the attacks of rush of blood to the head promptly and beautifully, and the case progressed without further trouble, or an untoward symptom to perfect recovery.

I once, several years ago, cured a bad case of religious mania of four months' standing with this same remedy in the sixth potency, after Belladonna, Stramonium and many other remedies had failed. The *red face* led to its employment. There has been no recurrence of the mania; more than three years since.

EUPATORIUM PURPUREUM.

Three years ago Mrs. R. F. Huntington, aged 40, black eyes and hair, naturally ruddy and medium height, came to me with the following symptoms: Chills commencing between the shoulders and spreading thence all over her body like waves (her own words). These were often repeated during the day, but more especially worse at night, also during menstruation. Hot soapstone between the shoulders would not stop or even relieve them much, but she felt she must have it there. She felt all the time when sitting that she must have her back to the stove, and the family always gave her the place at the table where she could get the heat of the stove at her back.

This condition followed her up all winter, and she became much reduced, pale and generally miserable. She had never been regular in her menstruation, commenced at seventeen years of age, and all through her life would pass from one to six months between. She had lived in the vicinity of a low swamp for seven years, and in the autumn preceding the chills had moved away from there. Never had chills while living there. The chills would generally be followed by very moderate heat and mild sweat.

Eupatorium purp. 200, six pellets dry on tongue every time she had a chill, cured completely in one week. A slight return this spring was immediately checked by a few pills that remained in the vial and which she had preserved.

BARYTA CARBONICA.

Miss S. C. Roberts, age about 30, spare, black eyes and hair, has had very severe, painful cramps in the sole of foot, only while walking or dancing. Has had also fetid foot-sweat for years. Cured by Baryta carb. 1m.

This is verifying symptoms 552 and 558 Allen's *Encyclopædia.*

KALI NITRICUM.

I have known two cases of eczema of the hands cured by

saltpetre, a piece the size of a pea in a pint of water and teaspoonful doses two or three times a day. In one of these cases I gave several remedies without any good effect.

REMARKS.

Cases 1, 2 and 8 are offered as verifications of symptoms not yet verified in any of the works on Materia Medica that I know of. I suppose that if these symptoms should be verified by many others they could have no place in the new *Cyclopœdia of Drug Pathogenesy* unless the symptoms were produced by a potency not higher than the twelfth decimal. The third case was a beautiful illustration of the application of our law of cure as any one will see by studying Iris in Allen's *Encyclopœdia*, with the addition of the removal of the symptom "coffee ground vomiting," which I do not know has ever been cured by Iris or produced in the provings of Iris.

Case 4 shows how foolish it is to abandon a remedy which seems well indicated because one potency does not do. If I had given the 200 in the first place, or even the second time instead of some other remedy, I would have no doubt cured my case and saved the trouble after confinement.

Cases 5 and 6 are given simply to call attention to the wonderful powers of a remedy not yet so fully understood or developed as it should be. I believe it to be a cerebral remedy as valuable as Belladonna or Stramonium.

Case 7 seems to indicate that Eupatorium purp. cures chills beginning between the shoulders as well as in the lumbar region, as given by Allen in his excellent work on intermittents. Also that while heat relieves the intrascapular chill of Capsicum, it does *not* that of Eupatorium. What was the name of this affection, so disturbing and long-lasting? Malaria? Could Quinine have cured more quickly or permanently?

The two cases cured by saltpetre being cured by a single

remedy and in small doses, may lead to further investigation of this Kali in the treatment of skin affections. As cures must corroborate provings, so provings must corroborate cures made by accident. Cinchona cured chills both before and after Hahnemann's proving of the drug.

DISCUSSION.

Dr. Kent hoped we shall all mark in our Materia Medica's the newly verified symptoms as they are reported.

Dr. Allen thought Caulophyllum should not be used lower than the 200th dilution; like Secale, it cannot be trifled with. It has been often prescribed for swelled fingers in pregnancy.

In two or three cases of intermittents to which Eupatorium purp. was adapted the chills began between the scapulæ; but almost every case has the characteristic renal symptoms.

Dr. Biegler: Now is the time to preserve the good we are getting.

A CASE OF ACUTE MERCURIALISM.

S. LILIENTHAL, M. D., New York.

Miguel reports in (*Le Semaine Medicale*, January, 1886) a case of acute mercurial poisoning, where a young chemist powdered his pubic region with a few grammes of corrosive mercury. Twelve or fifteen minutes after its application the patient turned pale and complained of general malaise. Although his chums gave him Acetic Acid and ethereal vapors to inhale he gradually got worse, being attacked with severe colicky paroxysms, so that he screamed and rolled about the floor. Miguel saw him for the first time in this state and immediately ordered an emetic, which gave him great relief. As he lived only a few squares away he tried to go home, but about half way he was attacked with a peculiar sensation of heat, at first in the

thighs, soon changing into an intense pain, which reached its acme after coming home. Here he fairly tore his clothing from his body, washed his pubic region with water, and as this failed to give relief, with oil, as the whole region was swollen, red and very sensitive. Washes of Iodide of Potash, tepid and locally applied, gave some relief, but did not prevent stomatis mercurialis, which set in two hours after the accident. Miguel prescribed poultices with Laudanum and a gargle of Kali chloricum. Patient slept the next day eighteen hours, probably from the abuse of Laudanum, in consequence of which he took coffee, tea, etc., and the dose of Kali chlorcum was doubled on account of the abundant salivation. Scrotum and penis were still very red and swollen, though less sensitive. At the visit the following day the patient had fever and a serous, foul-smelling fluid exuded from the genitals, which necessitated antiseptic bandaging. It took a whole week for the patient to recover.

The rapidity with which the poison was absorbed is remarkable, in that general symptoms of intoxication appeared already in a quarter of an hour, whereas the local affection showed itself only after an hour and a quarter and the salivation a few hours still later. The medical literature does hardly show another case of such rapid absorption, and Miguel prescribed many a time inhalations of 0.8 Bin-iodide of Mercury in tuberculosis pulmonum without ever having witnessed stomatis therefrom.

Compare *Allen's Encyclopædia VI:* 10, Great anxiety; 109, Aspect that of a patient attacked by cholera, but who has not yet reached the stage of perfect collapse (after 1½ hours); 120, Countenance pale and anxious and features pinched; 260, Salivation well characterized; 415, Nausea, sick stomach and vomiting; 493, Great pain about the scrobiculus cordis; 521, Griping pain in stomach and bowels; 736, Penis and testes swollen enormously (second day); 1009, All the parts which had been rubbed, in a state of

complete vessication (second day); 1014, A burning sensation was immediately experienced, and soon became intolerable; the next morning there was still violent burning and pricking over the whole surface of the skin, which was red and inflamed, and that evening presented at many points vesicles, such as show themselves in cases of scalding by hot fluids; 1099, Great heat of the skin.

ERGOTISM IN THREATENING CARDIAC PARALYSIS DURING TYPHOID FEVER.

Dr. E. Demange (*Lé Semaine Medicale*, January, 1886) treated a young lady suffering from a severe attack of typhoid fever, and where the weakness of the heart threatened to become fatal, as her whole state also indicated collapse. Stimulating ether injections, frictions, injections of tea and rum failed entirely on account of the rapidly increasing cyanosis, which already threatened the trunk; her fainting spells repeated themselves at short intervals and the pulse became filiform; subcutaneous injections of Ergotine were successfully given. After the injection of a gramme the pulse rose, the symptoms of collapse disappeared, and, to be on the safe side, the injections were repeated. Ergotine acts on the vaso motor nerves in general, and especially on the cardiac nervous system. It is well known that the objective symptoms of ileo typhus are produced by a paralysis of the vaso motors, and to Dr. Dubone, of Paris, it is the cardinal remedy in that disease.

Allen VIII. Secale: 600–620, Pulse weak and rapid; small, slow and suppressed; 800, Rapid emaciation; 890, Great depression of strength and temperature of the body; 1061, Cold, clammy sweat; 474, Pain in hypogastric region; 489, pernicious diarrhœa; 498, Hæmorrhage from bowels.

SURGERY.

PHIMOSIS—THE NECESSITY FOR THE OPERATION.

WM. E. LEONARD, M. D., Minneapolis, Minn.

For some reason, economical or moral, but of necessity most excellent, nature has made all the orifices of the body the seats of a very high grade of sensitiveness. The lips, the region of the anus, the prepuce and glans of the male, or the labia of the female, are capable when injured of giving exquisite pain. This fact needs no illustration in any surgeon's experience.

It stands to reason, therefore, that any malformation, or arrest of function, or excessive function about these parts must have important reflex action on the whole nervous system. Dr. Lewis A. Sayre of New York, has emphasized this in regard to the male genitalia, and many, following in his footsteps have corroborated his observations. It is in the province of ladyphysicians to teach the profession much concerning the reflex nervous symptoms of young girls before puberty. I have been told of remarkable cures of apparently deep seated nervous affections accomplished by releasing the developing clitoris from adhesions and accumulations of sebaceous matter, the result of ignorance and uncleanliness.

The well known institution of circumcision of the old testament undoubtedly had a physical and moral bearing, as well as a religious significance to the Hebrews. The enhanced cleanliness, and therefore lessened irritation from accumulations of smegma undoubtedly keeps a man freer from lewd thoughts and lascivious dreams. The young men, who are compelled to make frequent ablutions, and thus often handle the external genitalia—always those with long prepuces—in my experience are those whose sexual history is the most varied and unsavory. If we should re-

turn more frequently to this scriptural rite, especially in early infancy, the race would be more robust, and less given to early sexual indulgence. This physical expedient should of course be supplemented by the parents with careful instruction, early began, and impressively repeated, on all such matters.

I wish to detail a limited experience in circumcision. In February, 1883, I performed the operation on a man of twenty-six years, under treatment for secondary syphilis, whose sexual history was not by any means a model one. The result was perfect, although I would not again take such risks, of extending the numerous ulcerations of the skin to the genitals. Moreover, he declared that his sexual desire, formerly inordinate, is much lessened.

In the same year another case was operated on in a young man of twenty-eight, about to be married. The result there was excellent.

In both these cases the prepuces were very long, but had only been phimosed after unusual irritation or slight inflammation.

Two years since I gave the anæsthetic while a colleague of the old school operated on two boys, one about twenty months, the other six months. In both, phimosis was complete, while in the latter there existed adhesions between the prepuce and glans over their entire surfaces, with accumulations of smegma. The father of these boys had a like trouble in his youth, which sexual intercourse had overcome—being an impartial cure.

In December last another little fellow, eighteen months old, came under my care for this operation. The attention of the accoucher, an old practitioner, had been called to his condition soon after birth, but he thought it unworthy of note. I found the boy sallow, nervous and sensitive to a degree, and with apparently retarded bodily development, at least in the previous six months—something ailed him, the parents knew not what. Examination under chloro-

form disclosed a complete phimosis, with adhesions of the entire mucous surfaces, and excessive accumulation of very foul smegma. The scraping and cleaning necessary to the operation produced much swelling of the parts, but the final result (in two weeks) was perfect. The boy has since improved greatly in complexion, vigor and growth. The father afterwards told me that his prepuce was forcibly torn in his first coition.

In these operations the entire prepuce was cut off and the skin and mucous membrane stitched together. In another instance, in a shorter prepuce, in an adult suffering from gonorrhœa, the simple slitting operation without stitching was performed with great benefit.

I have twice relieved nervous irritation in an adult by slitting open a sac of accumulated smegma the size of a pea, and enjoining absolute cleanliness. The conclusions from this experience are as follows:

If I make them too general, some older head will be kind enough to narrow their application.

First.—All long prepuces should be completely excised in the first months of infancy.

Second.—Absolute cleanliness of the external sexual organs, in both sexes, is an essential of robust physical health and sound morality.

Third.—These conclusions are all the more important if these physical peculiarities may be transmitted from father to son, as seems probable from the above instances.

SURGICAL CASES AND COMMENTS.

DR. KUNKEL, of Keil.
Translated by A. McNEIL, M. D., from A. H. Zeitung.

S——, a girl of 12, consulted me April 5 of last year. She had a ganglion on the palmar surface of the sheath of the tendon of the fourth finger of the left hand. It had existed several months and was very much in the way for

the performance of her little tasks. She had a pale face, averson to all kinds of exertion, out of humor, inclined to croup, forgetful, shortness of breath, stitches in the spleen on moving, impulse of the heart increased, pulse irregular.

I gave her Natrum mur. (Lehrmann*) three powders, to be taken in six days.

I did not hear from her till September 15, when news came from her mother. The tumor was gone in about five weeks, after having increased considerably in the first few days, and a similar swelling arose on the corresponding part of the right hand, which also disappeared in two or three weeks. Otherwise there is nothing morbid discoverable. She is cheerful and contented, no trace of difficult respiration or stitches in the spleen; all functions normal. On the 25th of September I had an opportunity to see the patient myself. She had a light attack of catarrhal fever. I employed the opportunity and found that the action of her heart is normal. There is no trace of the old complaint.

This case is very instructive and is adapted to teaching a better way to those who in opposition to Hahnemann seek for specifics for definite diseases. Whether Natrum mur. has been recommended for ganglion is to me unknown, and immaterial also. Where the entire remaining complex of symptoms indicates the remedy it will generally cure, without justifying, as in commending it as a specific against ganglion. Such recommendations are a cancer on the life of Homœopathy and in defiance of its principles, and in practice they do an extraordinary amount of harm, cause like experiments to be performed by our allopathic colleagues which are in the majority of cases unsuccessful, and when reported often cause not only those remedies but Homœopathy also to be thrown overboard. Hahnemann, recommended† Belladonna against scarlet fever, which had

* Potency not stated,but Lehrmann's preparations are high.

†(Hahnemann only recommended Belladonna against the smooth scarlet fever, scarlatina of Sydenham, and he cautioned against giving it in any other. See Materia Medica Pura introduction of Belladonna.—McNeil).

proven successful in one epidemic, but when Belladonna was used against scarlatina generally it proved a fiasco. And yet we expose ourselves to the same danger when we advise Mercurius cyanide against diphtheria in general. Mercurius—the solubilis as well as the cyanide—helps very often in diphtheria, and hitherto these remedies have perhaps been the most frequently indicated. But in many cases mercurial preparations are not indicated, and therefore do not cure.

I passed through an epidemic twenty-four years ago of a very malignant character, in which Kali bichromicum 10 brought every case, in any stage, to recovery; and even cases where the larynx was secondarily affected given in the beginning it cured. Mercurius was not indicated. The epidemic continued an entire year, and the healing virtues of Kali bichromicum as long.

The diphtheritic affection of the throat is only one symptom of a general disease, just as the above mentioned disease of the sheath of the tendon is a symptom of another general disease, in this case a malarial one.

Another case of the same disease which had been operated on twice unsuccessfully by a surgeon of the first rank, I cured by the continued use of Calcarea carb. In this the ganglion was a part of another complaint, as there were undoubted (scrofulous) Calcarea carb. symptoms.

A case, similar from a pathological point of view, I have this year: A young man of twenty-five or twenty-seven was subjected to repeated inunction cures, and had swallowed large quantities of Iodide of potash on account of a hard chancre, followed by indolent swelling of the cervical glands. The antidotes for the Mercury I gave had no effect. The symptoms did not reveal a basis for a prescription. As an experiment I gave him Jodium 200 (Lehrmann). A couple of days after there occured symmetrically on both forearms circumscribed indurations of the cellular tissue, feeling to the touch like hard chancres

and about two to three centimeters in diameter. The attentive patient thought the Iodine was the only thing from which he had received any benefit.

We see from these examples that disease producing factors and homœopathic remedies act on the organism in the same manner, and that a participation of the nerve centers may occur where the general feelings of the patient do not reveal any trace of its alteration.

Although in the first mentioned case a general affection of the system could be established, yet this was not so with the two others. In such cases, of course, the internal treatment is extremely difficult; as for the accurate choice of a remedy there occurs frequently but an inferior basis. Owing to these circumstances there is a temptation to prescribe "specific remedies" against symptoms like the above, which perhaps once or several times are successful and are then praised as a universal remedy for a certain disease.

It is clear that the surgeon thinks that this domain is exclusively his own. It is unnecessary to prove this by citing evidence. He will make use of every device before he will concede that these affections are curable by internal remedies, and much less by homœopathic ones. "*There is no blindness so hard to cure as that of partisanship,*" has been often repeated, but not often enough. In an experimental science there should not be room for any such feelings. The fact that there is such is evidence that we are yet far removed from a true science, although we may use the same daily. Certainly within our own walls it does not so appear to our opponents.

Now that our school is well supplied with surgeons who are prone to cut away everything in the shape of a tumor, the younger members of the profession seem to think the knife the only curative agent. A large proportion of our recent graduates apparently never heard of giving internal remedies for a tumor, a wart or a corn, and would even laugh at the suggestion.—*The Medical Visitor.*

GYNÆCOLOGICAL.

HIGH POTENCIES IN PARTURITON.

JULIUS SCHMITT, M. D., Rochester, N. Y.

CASE I. September 11, 1882, at 1 A. M. Mrs. J. J. K.—multipara, thin, nervous and excitable has had labor pains for two hours. Found her crying, and in a very anxious state; she thought *something would happen* to her during labor. Os uteri dilated as large as a fifty-cent piece; vagina *hot, dry,* and *tender;* labor pains *unusually severe.* Aconite cm. 1 dose dry. After twenty minutes, restlessness gone; pains less severe and at regular intervals; vagina moist and cooler, with less tenderness; os dilating. Labor now progressed for an hour, without any further disturbance, when she commenced to complain of her back. "Oh, my back! Oh, my back!" The os uteri was then almost dilated and bag of water protruding. The pains, however, became irregular, spasmodic, and instead of bearing down she would cry aloud, "My back!" Causticum cm., one dose dry.

Five minutes after receiving the medicine she fell into a sound sleep, pains stopped altogether, and nurse remarked: "I guess we are going to have no baby to-night." I answered her that I thought we should have, in a very short time, pretty good pains and the child; and so it was. After a rest of about ten minutes she awoke with a grand bearing down pain, without the backache; the amniotic fluid was discharged, and the next pain brought a well-proportioned male child. I was at home in bed at 3 A. M., thanks to Guernsey and Homœopathy.

CASE II. On November 27, 1881, Mrs. Wm. H.—primipara, robust and fleshy, went through a long and tedious parturition; the pains were *very severe* and she *was bathed in a hot perspiration,* but, as I failed to give the right remedy, which I afterwards found to be Aconite, nature had to

take her course and deliver the child in a painful, long-lasting agony. She called for me again on the 14th of September, 1883, and I saw her at 10 A. M. She had *severe pains*, but os uteri was not dilated larger than a quarter dollar. *Os uteri and vagina were hot, dry and tender.* I gave her one dose of Aconite cm., and left her with the promise to be back at 11 A. M. When I drove up to the house, at the appointed hour, her mother called from the window, "Hurry up." I ran in, and was just in time to catch the child passing through the vulva. So much for Aconite versus nature.

These cases have been given, not alone to show the rapidity of labor when the attendant is guided by the only science of therapeutics as embodied in the law similia similibus curantur, but also to call your attention to the remarkable coincidence, that the same remedies were indicated a second time in the same patient under the same conditions.

CASE III. May 3, 1881. Mrs. B. W.—primipara, gave birth to twins after Nux vomica cm., one dose, had been given for the well-known indication: "Inclination to urinate and defecate during each labor pain." The second child came also head-foremost, and the placenta was a large single one. Suddenly a profuse hæmorrhage set in, the blood flowing in a stream. The patient grew bluish-white, swooned, and cold perspiration covered face and whole body; there was no pulse and hardly any breathing. She lay like a corpse. And all this was the work of a few minutes. If ever my faith in nature's law was put to a trial it was that time. A few globules of Cinchona cm. were dissolved in half a glassful of water and a teaspoonful of this solution was given every five minutes. Reaction set in; after a short time the intervals of the doses could be lengthened, but the remedy had to be given for several days, to get the patient over the effects of this tremendous loss of blood. She made a good recovery.

CASE IV. March 12, 1885. Mrs. E.G—, robust, phlegmatic, multipara, in labor at 2 P. M.; since 6 A. M. os uteri almost entirely dilated, bag of water protruding, but pains give out. There is a *continuous sense of nausea* with every pain. Ipecacuanha cm., 1 dose dry on the tongue, revived the pains at once and delivered the child within ten minutes.

CASE V. May 14, 1885, at 3 A. M., I Saw Mrs. M. M—, a fleshy, lymphatic primipara of 24 years of age. She had very severe pains, which *come* and *go suddenly*, every three and four minutes, while the os uteri was just commencing to dilate Os uteri was high up, pointing to promontory of sacrum and hardly accessible with the finger. Belladonna cm., 1 dose dry. Five P. M., pains moderated right away and came at intervals of ten and fifteen minutes, but since one hour they are quite severe and often again, but come and go gradually. She complains much of her back, *pressing both fingers against it, bending backwards* at the same time. Os uteri *very rigid* and not wider than a fifty-cent piece, rim *thick* and *hard*. Caulophyllum cm., 1 dose in water. At 10 P. M. was called. She only took one dose, because pains came at longer intervals; they are now pretty strong and she bears down with them, os uteri open and bag of water ready to rupture. As this did not take place after several strong pains, and there was evidently no more use for the bag, I ruptured it, and, after this, labor progressed as natural as possible until the child was born at 2 P. M. The outer parts were quite rigid, and plenty of lard and cloths wrung out in hot water, were applied with great advantage.

CASE VI. March 15, 1885, Mrs. J. L—, 35 years old, mother of five children, *sickly* since the last child-bed three years ago; noticed first labor pains in the early morning. Now. at 9 P. M., they were insufficient; she wants *to be fanned*, and complains of *cold knees*. Carbo vegetabilis cm., one dose dry, made the pains regular within fifteen

minutes, and when they again grew weaker after half an hour, a second dose helped again, so that the child was born at 11 P. M. *Proceedings I. H. A.*

VOMITING OF PREGNANCY.

E. P. HUSSEY, M. D., Buffalo, N. Y.

Mrs. O—, aged 38, mother of two children. The first pregnancy was passed comfortably. With the last one, twelve years ago, she had persistent vomiting nearly the whole period, being so much prostrated by it that there were doubts of her recovery. She was able to be about but six weeks of the period, that being about the eighth month. I was called to see her March 9th, 1885, and found her apparently just past the first month of pregnancy and vomiting frequently day and night. Besides the ingesta the substance vomited was mostly of a yellow color and *very frothy*. I prescribed several remedies from what seemed sufficient indications, with no relief whatever, her strength meanwhile diminishing rapidly, until in looking for remedies covering the character of the vomiting Veratrum alb. was found to be the most prominently mentioned as producing *frothy* vomiting. One dose of 2000 potency stopped the vomiting within twenty-four hours, but there remained a constant and very profuse collection of fluid in the mouth, of not much taste, occasioning frequent spitting, accompanied by some nausea. One dose of Petroleum 1000 relieved soon, the improvement continuing until in a few days the trouble was gone without further medication. The action of Veratrum was particularly instructive in producing such marked relief, with an entire absence of the more prominent symptoms of the remedy.

NEURALGIA OF OVARIES AND UTERUS.

E. P. HUSSEY, M. D., Buffalo, N. Y.

In November, 1884, I was called to see Mrs. C—, aged 28. After some delay in getting to her, I found her in great agony, partly sitting and partly resting upon one hand upon the edge of a sofa, in which uncomfortable position she had been over an hour, unable to be moved or touched, or even to take a long breath; her face pale and drawn, and mouth partly open—a picture of suffering. All I could elicit from her just then was that the pain was through the region of the ovaries, and down through the uterus; that the attack had come on very suddenly while she was helping to put down a carpet, and apparently as well as ever, while it seemed as if everything would be pressed down out of her. I gave her a few globules of Belladonna 4000 upon the tongue, and in five minutes the acuteness of the pain was relieved so that she allowed herself to be taken upstairs to bed. A dull pain remained, and she vomited once subsequently. After getting easier she described the pain as having been "terrible," "cutting," "pressing like an iron band around the waist as though everything would be pressed out of her." A vaginal examination showed the uterus to be, apparently, in a norml position and condition. When I called the next morning I found her about her usual household duties. I ascertained that she had had two similar attacks (though much less in severity) previously, for which an old-school physician gave her hypodermic injections of Morphine, and she was confined to her bed three weeks with each attack. She had another slight attack a few weeks later, which was immediately relieved by one dose of the same remedy and potency, which I had left with her. She has had no return of the trouble since.

CLINICAL MEDICINE.

TWO CASES OF EPILEPSY.

THEO. RÜCKERT, M. D.

From Algemeine Zeitung. Translated by A. McNeil, M. D.

[It gives us great pleasure to present to our readers a communication from the oldest living Homœopath, a pupil of Hahnemann, who is now in his 85th year.—ED. ZEITUNG.]

HERRNHUT, MORAVIA, July 31st, 1885.

HONORED COLLEAGUE:—In order to fulfill my duty as a member of the association I send you a contribution to our "Algemeine." It is my swan's song, for I have completed my 84th year. If it does not seem inappropriate you may designate it, "My Swan's Song." If God grants me life and health some short reports may yet follow.

My heavenly Father has graciously permitted me to carry on my practice uninterruptedly, although I do less than formerly and also I do more by writing than before.

It seems remarkable to me when I remember that I am not only the oldest man in our city, but the oldest Homœopath in the world. Give my greeting to my colleagues.

In collegial friendship, RÜCKERT.

[His work shows that, notwithstanding his great age, he still has much vigor of mind and body, and we hope that it will not prove to be his "Swan's song."—ED. ALGEMEINE ZEITUNG.]*

On the 36th page of Vol. 103 of this journal I reported a case of epilepsy in a girl who, on account of frequent attacks, received in the beginning of September 1880, three doses of Sulphur 30 to be taken on three successive evenings, which, without repetition or any other medicine, cured

*This was indeed his "Swan's Song," for in the following month he went to his reward.—TRANSLATOR.

the disease within six months. I said in conclusion that I would keep her under observation. I received a letter in 1882 that she was quite well, and in the summer of 1884 her father visited me and stated that she still remained well, except that in the autumn of 1883, after a severe cold, she had had some spasmodic movements transiently of which he did not inform me at the time. Since then she is well.

One can here speak of a cure after so long a period*

I am happy to have a quite similar case to report, only that Sulphur alone did not suffice.

On April 6, 1881, a lady from Reichanon brought me her daughter for treatment. She was twenty-five years old, of medium stature, and of healthy appearance. The mother informed me that her daughter as a child was always healthy, and that her menses appeared without complaint when she was thirteen, and always returned in fourteen days. By degrees pain in the abdomen accompanied them with stiffness in her legs so that she could not walk and ineffectual urging to stool. The convulsions appeared four years ago without preceding discoverable cause.

At first there was a daily attack of loss of consciousness and on the following night a spasmodic paroxysm. After a while these occurred only after eight, nine or fourteen days, or even once a month.

A so-called *petit mal* occurred often in the middle of the menses in the day time. In these she was unconscious some seconds only, eyes fixed, motionless. When it passed off, headache followed.

The *gros mal* occurred more recently, are *at night*, and in the following morning. The day preceding she has red face, nose, and eyes, and *after midnight* bilious vomiting; arms and legs rigid, then general jerking through the

*No, father Rückert! there are some who say the 30th cannot cure because the microscope does not reveal any molecules in the 30th, and that therefore you are mistaken, or ——. TRANSLATOR.

entire body; thumbs drawn in; loud snoring ends the attack, which is followed by deep sleep; tongue and lower lip bitten and bloody; slimy foam from the mouth. Sometimes there were several such paroxysms in one night and occassionally one the following day. Violent palpitation of the heart; headache on the left side of the head and from the vertex to the occiput. When this was past she felt well; digestion normal.

She had had no treatment except the popular "local powder," but without any benefit. She had taken none of this for three months.

April 7, 1881, she received three doses of Sulphur 9, one to be taken each evening.

April 19. Menses returned after moderate complaints after four weeks. Two days preceding she had *petit mal.* She had never had any chronic eruptions. Now has attacks, when she must scratch till the blood comes.

May 2. The itching of her head continues, though there is no visible eruption. On the occiput a gland is enlarged a little. Has had neither *petit* nor *gros mal.*

May 30. She has had no paroxysm, except one of *petit mal,* two days before her menses, but she did not loose consciousness nor did her family perceive it.

June 13. Her menses are normal, no *petit mal* preceding, only some vertigo.

June 20. An eruption here and there, particularly on the chest; after scratching blood comes. She has had *petit mal* twice.

August 9. *Petit mal* during menses and much abdominal pain. For four months no *gros mal,* and we believed the hoped for cure was near, but it did not happen so.

August 29. On the 26th her menses appeared, which began with much cramp in the abdomen. At 5 P. M. a paroxysm of *gros mal* during sleep, then at 7, 10, and 1, other attacks. In the interval violent shaking chill, headache and sweat. Audible palpitation of the heart, hands and face blue and blood from the mouth.

I ordered three doses of Calc. carb 12 and 30, each evening a dose.

September 19. Menses appeared two days too soon. There were premonitions of *petit mal*, but it did not occur. Since school began her nose was always dry, but now profuse fluent coryza.

November 1. In September her menses appeared without any complaint. But in the beginning of October it assumed another form. She did not loose consciousness, but could not move, and she had a sensation as if something ascended from the pit of her stomach upwards and then fell down. The coryza has again returned. A few days ago she had a slight attack of *gros mal* followed by quiet sleep, and she felt well after it.

She walks to see me now every four weeks, a distance of two leagues, as she felt well and her attacks of *petit mal* she thought but little of.

I gave her three doses of Lycopodium, one to be taken each day.

February 6, 1882. Since taking the Lycopodium she has had several attacks of *petit mal* with pain in the pit of the stomach and a feeling of fearfulness, but she did not let this trouble her and quietly continued her work. I gave her three doses of Nux vom 30 which stopped them.

February 22. She received three doses of Silicea 30.

June 19. All of the time she is pretty well, except occasionally *petit mal*, and during her menses, different attacks of canine hunger and sometimes vomiting and chilliness. She could not get warm in bed. Nux proved advantageous to her.

September 5. For eleven months she has had no attacks of *gros mal*, yet the *petit mal* did not leave her entirely. In fact she had several in one day. I gave her one dose of Sulphur 30.

October 23. She had an attack of *petit mal*, yet I gave her no more medicine as I was waiting for the action of

the remedy. I asked her to inform me if she had another attack.

Being desirous of learning about the case I wrote to her and received on September 13, 1884, two years after the end of her treatment, the following:

"The health of my daughter is good, God be praised. She has had no more convulsions; she is so far entirely free. She will visit you in person soon and tell you verbally more in detail."

She did so, and I could congratulate the grateful convalescent on being a strong, healthy girl.

When I look at this case as a disinterested person, I perceive that the patient, after taking three doses of Sulphur, she remained free from *gros mal* for four months with a visible action on the skin. Then she received Calcarea carb. After two months she again had a slight attack of *gros mal*. She then received Lycopodium.

In 1882, after frequent attacks of *petit mal*, she received Silicea. In September of that year eleven months had passed without an attack of *gros mal*, but the *petit mal* did not leave her. Then one dose of Sulphur 30 *completed the cure.*

I ask the question if the remedies administered between were not unnecessary? And if a single dose of Sulphur 30 in August, 1881, would not have sufficed to cure the disease?

CLINICAL CASES.

G. W. SHERBINO, M. D., Abilene, Texas.

CASE I.—*Lilium tigrinum.* Mrs. E—, aged 38. Has been in poor health for three years and has been taking old school treatment without a particle of benefit. She now comes to Homœopathy with many misgivings.

She is a high toned Southern lady, and her ancestors have been allopathic from "way back." She did not be-

lieve there was any help for her; had given up the idea of ever being cured. "I do not believe the doctors understand my case; neither do I think they know what is the matter with me."

Clinical History.—About three years ago she gave birth to twins, and her ill health dates from that period. She does not believe she has any uterine trouble; has no leucorrhœa; the main affection is with the bladder. She has frequent urination; pain before, during, and after. Urging to urinate with smallest quantity of urine in the bladder.

There are a great many remedies indicated for those symptoms. For the painful urging to urinate I prescribed Cimicifuga rac. 30. There was some improvement for a few days only. I followed with Belladonna 200. She came back to say she was completely discouraged, but was going to give me a fair trial. I asked her how long she would be willing to wait. She said she would give me one year.

She had one symptom that was guiding. "*I feel as though I would like to take a ball as large as my fist and sit on it.* I feel as though that would relieve me." This desire was a constant symptom when she was suffering with the bladder difficulty.

Lilium tig. 30 every two hours. Reports next day that she was feeling worse than ever. Stopped medicine and gave Sac. lac. every two hours. On third day she reported a complete cessation of all bladder trouble and all pain. If I could have looked into the bladder or the uterus, would that have helped me to have made the cure?

CASE II.—*Apium virus.* Mrs. E—, aged 38. Sent to office for medicine for a rash. Itching of the hands. There was terrible burning. I sent Arsenicum 200. Next morning was ordered to call at her home. She had not slept for two nights; as the itching would awaken her out of sleep and she would get up and walk the floor and rub her hands with a linen handkerchief for two hours before there would

be any cessation of the itching. The hands were very red and the integument was swollen and stiff after these paroxysms which came on about every two hours.

1st. The itching for two hours.

2d. Stinging.

3d. Burning.

Hot applications made her worse; cold water relieved the burning but made her chilly. "Doctor, I feel as though I had my hands in a bee-hive and the bees were stinging me." Apium virus 200, two doses, promptly and permanently relieved.

CASE III.—*Phosphorus.* Master T—, aged four, has been sick eight weeks with Abilene fever, so the attending physician said. It was no doubt fever of a remittent type. For five days he had been unable to retain any kind of nourishment on his stomach. Milk and water would be vomited up as soon as it became *warm in his stomach.*

The temperature 102; pulse 130. He was very much emaciated.

Had grown long during his sickness. He was a tall slender boy, light hair and blue eyes. Bowels were running off every hour of thin fecal matter. His mother said that his "*anus seemed constantly open.*" I was called to save this little boy as he was given up to die. I thought that it was a Phosphorus case so he received it in the 200 potency, a graft.

As soon as I had prescribed I put a dose dry on the tongue while I was folding the powders. His father came in saying that he believed his son was dying. I found him gasping, the pulse imperceptible, nose more pointed, contracting of upper lip showing the teeth. Occasionally he would draw a long respiration, and it would be several seconds before he would breath again. In ten or fifteen minutes he seemed to revive. I ordered a dose every two hours until better. I called in the morning and learned that he seemed so much worse after each dose of medicine that I

stopped Phosphorus and gave Sac. lac in water, a teaspoonful every half hour.

We commenced to give a teaspoonful of milk every half hour and water in same quantity, and he now retained it on his stomach; did not vomit, bowels were better, but the "*anus still remained opened.*"

I called at 11 A. M.; he was still improving. I now gave encouragement to his parents, but I had an irresistable desire to give another dose of Phosphorus dry. So I did and left for home, but while eating dinner was called in haste, as the father says he is dying. I arrived at the house in time to see him breathe his last. The same symptoms came on as when giving the first dose the previous night. I went home firm in the belief that I had given one dose too much, when the prospects were so bright before I had given it.

I hope I have learned something, and that is, to let well enough alone. This proves that it is hard to tell just how much medicine it requires to cure. We had better follow Hahnemann's advice: "Do not repeat after improvement sets in." Did I quench the vital spark? Can Phosphorus 200 kill?

HERPES CIRCINATUS.—We find the following in the news columns of an esteemed cotemporary: "For ringworm, use a solution composed of seven grains of chrysophanic acid in an ounce of chloroform. Apply two or three times a day with a small sponge, using care not to let it run upon healthy skin." This is just what Hahneman enjoins us not to do, under any circumstances. A simple hint of this kind is often very pernicious. A beginner may say, I saw it in a homœopathic journal, and will give it a trial. Or an allopathic brother searching for light or a better way, may mistake this for homœopathic treatment, meet with an ignominious failure and condemn Homœopathy forever. Is it wise to advocate topical applications in treating skin diseases, or adopt the methods of empiricism by prescribing for the *name* of a disease?

CORRESPONDENCE.

SIMILIA VS. POLYPHARMACY.

EDITOR ADVANCE:—In a recent issue of a medical journal published in this city appeared a mild criticism of mine against a compound prescription published in a former number of the same journal by Dr. Hale; also, Dr. Hale's "reply" to my criticism.

The editors of the aforesaid journal refuse to publish the inclosed letter; therefore, in the cause of Homœopathy and fair play, I ask space for it in your columns.—W. J. H.

EDITORS ERA:—I had hoped to see in your February issue a correction of several gross errors in the printing of my communication in the January number, to which I called your attention, but was disappointed.

I have examined and re-examined in amazement my modest protest against polypharmacy, sandwiched between thin layers of chewing-gum and Cowperthwaite's Materia Medica, in avain search for the reason for Dr. Hale's irrelevant splash of a reply thereto.

There is evidently a "red rag and a mad bull" about some where, but the animal seems to be pawing the earth in the other pasture. In my letter to which such remarkable exception is taken, Dr. Hale's name is not used except as an index to his criticised prescription. His reply is made up of offensive personalities. Resort to personalities in scientific discussion suggests a poor cause or a bad temper. The Doctor's reply would indicate that his was a compound of the two; and, like drug compounds in therapeutics, unscientific and inefficient, except as a boomerang.

It is also sometimes dangerous. His ascent in this case to personalities suggests comparison with the veteran Lippe. Those not acquainted personally with the men will be likely to compare them by their writings. Each published a book about twenty years ago: Lippe on Materia

Medica, Hale on Abortion. The former is to-day a well thumbed volume on the table of every consistent Homœpath; the latter has long ago been consigned to oblivion, and the author, more than any other, has profited by the consignment.

In his use of the term, "Hahnemanniacs" which is evidently intended as a reproach against those who endeavor to practice Homœopathy, quotation marks should have been used, as the word is not original with him. I have frequently heard it before, but never when its use reflected dignity, character, or intelligence on the speaker.

"Pepsin when used as a medicine, is not a medicine," because it is a normal secretion of the body. Iron, lime-carbonate, lime-phosphate, phosphorous, etc., etc., are natural component parts of the body, but we recognize and use them as medicines.

"Drugs never lose their *individual identity*, even in chemical combination. In a mixture of two [or more] drugs, each will act its own part, and select those tissues for which it has an affinity."—Hale.

Reasoning from this premise, logic leads us in a direct line to either the therapeutic millenium or a veritable *reductio ad absurdum.* If each of two mixed drugs retains its "individual identity," then each of *three* drugs so mixed will also; so with four, or four score; so will the whole brave "six hundred."

Here is an end of study; no more need of proving drugs; no further search for characteristics; no more doubt and worry as to whether or not we have given or are giving the curative remedy to our dangerously sick patients; simply mix the whole *Materia Medica* in proportions to suit our notions, and give each and every sufferer who applies for relief teaspoonful doses as often as the severity of the case demands!

Hahnemann was a scholar and chemist from whom his traducers of to-day may yet learn something of

chemistry. He says, of polypharmacy,—drug-mixing,—"I have no hesitation in asserting, that whenever two medicines are mingled together, they almost never produce each its own action on the system, but one almost always different from the action of both separately—an intermediate action, a neutral action, if I may be allowed to borrow the expression from chemical language. '*The more complex our recipes, the denser will be the darkness in medicine.*'"

"I here declare my earnest belief that the *axiom* to which Drs. Hawkes, Lippe, Skinner, and others, *pretend* to follow, viz:—'The similar drug, the single remedy, and the minimum dose,' has done more to injure our school than all the efforts of our enemies."—Hale.

The insinuation in this quotation against the professional truthfulness of the physicians named, was probably prompted by what is known as "righteous judgment."

Of the three cardinal points in the "axiom," the first is absolved from evil influence. The second,—"the single remedy"—is presumably guilty of half the evil charged. We might safely leave for answer the quotation already made from Hahnemann. I would further ask, however, where would our accurate knowledge of therapeutic drug action be today but for those authors and students who advocated the single remedy, experimented with the single drug, and prescribed but one medicine at a time? What author, who is recognized as having materially aided in making our standard books on Materia Medica and therapeutics, advocates the mixing of drugs? How is it possible to learn accurately the peculiar and therefore most valuable powers of drugs, if they be compounded or alternated at short intervals? When one prescribes a single remedy according to its indications as learned under our law, and prompt amelioration of the symptoms for which it was prescribed follows, an impression is made upon the memory which need never be erased; something clear and positive has been learned. But when two or more medicines are given

in a mixed state or alternated at short intervals, the impression left on the mind of the physician or learner is vague and negative, and comparatively transient, even though a cure results. And the lesson taught to succeeding learners is neither positive, convincing nor lasting.

If the first cardinal point of the "axiom" is true; if we are to cure likes by likes; if our *similibus* is learned by proving drugs singly; what scientific reason can be given for mixed drug prescriptions? We have no record of provings of drugs mixed or alternated. There is some excuse—ignorance or indolence—for alternating; but there is none whatever for compounding medicines in a prescription.

The third point—the minimum curative dose—is the soundest proposition in medicine; logic supports it without a halt through to the end. All drugs are poisons, and are inimical to animal life; consequently the smaller the quantity given, compatible with a cure, the better.

The size of a dose is not to be determined, *a priori*, by its bulk or weight in pounds, ounces, or grains, but by its effect on the patient. Experience, based upon thorough, impartial and intelligent investigation, must, in the present state of our knowledge, determine this. To thus experiment before deciding against the minimum dose, we are encouraged by the unequivocal testimony of such witnesses as, for instance, Hahnemann, Hering, Guernsey, and Dunham; witnesses whose integrity, intelligence, culture and experience, stand unimpeached, unimpeachable and unsurpassed in the history of our school.

It is time Homœopathy—"The Science of Therapeutics"—were divorced from unscientific polypharmacy and eclecticism. Ringer, Bartholow and Phillips, the three most advanced writers on therapeutics in the old school to-day, have dropped polypharmacy nearly altogether. Some of the old school are advancing, while some of the new are retrograding.

WM. J. HAWKES.

CHICAGO, ILL., February 22, 1886.

HAD HAHNEMANN NO FAVORITES?

EDITOR ADVANCE:—We think he did, we know he did once, and the esteemed editor of THE ADVANCE might have spared his correspondent the mortification of his flat and unqualified contradiction in the April No. had he been equally well informed.

In speaking of the Cholera Epidemic of 1830 and Samuel Hahnemann, Dr. Dake says:* "Collecting the symptoms given one by one till the image of the hideous monster stood out before him as a living reality, with a knowledge of drugs, such as no man ever possessed he soon arrived at Camphor, Cuprum, and Veratrum, and wrote them down as the *best* remedies for Cholera." Webster's Dictionary, which the editor will no doubt accept as authority defines "favorite" as "a person or *thing* regarded with *particular* favor, one treated with *partiality* or *preferred above others.*" So when Hahnemann said that these three were the *best* remedies for Cholera he certainly regarded them with particular favor, treated them with partiality and professed them above others.

I am well aware of the impulse which led the editor of THE ADVANCE to this contradiction. In common with those who call themselves "pure Hahnemannians" he possesses that cerebral hyperæsthesia which breeds intolerance of any practice, savoring of routinism, treating disease by name, or other transgression of homœopathic therapeutics. In general practice this strict individual differentiation is laudable and correct, but we all know that in an epidemic of severe disease, the epidemic remedies rarely number more than three or four which will be found severally to cover the characteristic symptoms of every case in such epidemic. For when the people of a locality are subject to a sudden poison swift in its effects and possessing marked affinity for certain organs or tissues, individual idiosyn-

* U. S. Journal of Homœopathy, Vol. I, page 396.

cracy plays but a small part in the symptomatology of the resulting disease.

In conclusion I will say that this communication is not written merely for personal vindication, but I feel that the subject is one which cannot but be interesting to the profession at large. A. L. MONROE, Louisville, Ky.

[We offer an apology for delay in publishing the foregoing. Notwithstanding the honesty with which our correspondent entertains his opinions, we cannot agree with him. Justice has long been painted as the blind goddess. Neither Science nor Law can exercise favoritism, *per se*. Homœopathy as a law of cure, the science of therapeutics, can have no "favorites," and if we read Dr. Monroe's quotation correctly it is Dr. Dake, not Hahnemann, who says, "Camphor, Cuprum, and Veratrum, are the *best* remedies for Cholera." The following paragraphs from the *Organon* give Hahnemann's views of favorite remedies.

§ 257.—A few physicians will know how to avoid the habit of considering certain remedies as favorites, merely because he happened to find them frequently adapted to diseases, and followed by favorable results. Such a habit would lead to the neglect of other medicines which, though less frequently applicable, might, nevertheless, be often more homœopathic and consequently more beneficial.

§ 258.—Nor should a physician yield to doubt and weakness so far as to reject medicines which now and then proved to be inefficacious, owing to improper selection, or because they were unhomœopathic to some particular case of disease. For, in either instance, the fault is the physician's, or the supposition a wrong one; he will remember that of all medicines *that* one only deserves attention and preference, which bears accurate similitude to the totality of characteristic symptoms of the case, and that paltry prejudices should never be allowed to interfere with the serious deliberation demanded by the choice of a remedy.

But we do agree with Dr. Monroe that this is a question of vital importance to every Homœopath. It is the Scylla upon which many a prescription has been wrecked, many a failure recorded.]

OUR BOSTON LETTER.

SOCIAL PLEASURES.

Here we find ourselves in mid-winter, pursuing the old round of social observances and pleasures, in the hope of relieving the monotony of life at this cold and quiet season, the ordinary *désagréments* of which are aggravated by that dullness of business now almost universal. How to kill time and not kill ourselves with it, is the grand problem of "society" at this season, while the large class of summer tourists, including the grand army of swells and belles, the fashionable butterflies on the wing all the sunny time, find staying at home, however comfortable the private house, one of the hardest duties to observe. Future "shines" and triumphs, however, must console for present self-denial and inaction, the memory of past exploits also contributing to the stock of fortitude. But to professional matters.

MATERNAL IMPRESSIONS.

To evidence the effect of a strong mental emotion upon the mind, I will narrate a case that lately came under my notice. A woman in the fourth month of pregnancy happened unexpectedly to see a child having its ears pierced. The little one was much frightened, and struggled to escape the operation, screaming loudly meanwhile. Those cries greatly affected the woman *enceinte*, and appeared to vibrate within every fibre of her system for months. Do what she might she was haunted by the image of the crying child. When my patient's baby was born, both tragi of the ear were split. Such arrests in the developmental growth of the embryo caused by mental impressions have been frequently noticed; yet it may be as well to put this other case on record.

Most practitioners are aware that some pregnant women when exposed to a mental shock will feel the child violently agitated in utero, and those motions are believed to be con-

vulsions of the embryo. The birth of many idiots is ascribed to such violent shocks or excitements. On the other hand I can recall several instances of mothers being agreeably disappointed in finding their offspring in a natural mental and bodily condition, notwithstanding apprehensions of their being deficient or deformed.

OTHER KINDS OF MATERNAL IMPRESSIONS.

As to the whims and ridiculous fancies of pregnant women, they would form subjects for volumes. Many will doubtless recall Maria Theresa's explanation of her "black boy." That its type, form and color were due to the sudden appearance or intrusion, one day, of her black page. A friend of mine told me once, on the best authority, that a much pampered woman, a few years ago, explained a suggestive act of her child, by confessing that she experienced an incessant desire to eat a piece of the heel of a negro, in the habit of attending, daily, a place in view of her house. But I will enter no further into this subject at present, the mention of which will, doubtless, suggest many interesting experiences to most of my readers.

THE SKILL OF A CLAIRVOYANT PHYSICIAN.

An amusing story is going the rounds hereabouts repecting the skill of a clairvoyant physician of some repute who lives near Boston. Having undertaken to cure a woman affected with cancer, and who was declared incurable by doctors of good standing, he deemed it unnecessary to see the patient as his science enabled him to trace the progress of the disease without the steps necessary to less gifted professionals. He regularly sent the medicine with a bulletin of the sufferer's state. According to his reports she was daily improving, and would soon be in perfect health. But, notwithstanding, the woman died, and the day following, her family received the following message from her unsuspecting yet confident physician: "Mrs. ——, I find about the same. The acid in the blood has rather dimin-

ished. Use the medicine as directed, and bathe with the same wash. At night apply a poultice. Progress satisfactory." This genius perhaps wanted to show the profession a "new wrinkle," *post mortem*, instead of the old fashioned *ante mortem* practice. Despite similar anecdotes afloat about the ignorance of such charlatans as clairvoyants, their amusing exposures, etc., we find a considerable number of the credulous foolish enough to resort to them.

A QUACK CURE.

This reminds me of an equally astonishing case of which I have some personal knowledge. A physician of this city promised to cure a woman in the last stages of cancer of the mamma. Every day he pronounced her better, and finally on the occasion of his last visit he assured her and friends that the disease was wholly eradicated, the only task remaining being the regainment of former strength. Of course he was meanwhile extracting considerable sums of money from the patient's relatives. His last remark was: "If she has vitality enough she will get well," (which sounds rather like a bull), but apparently she had not, as she died the same evening. Strange as it may seem, a friend of the deceased, an intelligent woman, too, declared to me that the cancer was cured, but unfortunately the patient's stock of strength was exhausted. In other words, in "curing the cancer," he let "the weakness kill her." The cancer might as well have been left to do the woeful work as the weakness—only the doctor had to get a say in the matter, not to speak of fees. Between the horns of both dilemmas the unfortunate woman was left "to go to the wall."

DIET AFTER OPERATIONS ON THE ANUS.

The surgeons at the Massachusetts hospital of this city lay considerable stress upon the importance of a diet leaving as little residue as possible, after all operations for hæmorrhoids, and ulcers, rupture of perinæum, recto-

vaginal or recto-urethral fistula, and also simple fistulæ. Milk is rich in albuminoid principles and fatty particles, which are but partially digested and absorbed, and the undigested casein left behind forms hard scybalæ, which upon evacuation strain the parts and jeopardise the success of the operation. Therefore it must be left out of the dietary, and instead albumen and decoctions of starch are given. Dr. C. Warren insists that if those precautions be not adopted, most of such operations will be failures.

PARAPHIMOSIS.

A paraphimosis sometimes offers some difficulty in reduction. The old text-book direction to force the glans back into the prepuce by pressing on the former with the thumbs and drawing forward the latter between the fingers does not by any means always succeed, as I had occasion to ascertain for myself a few days ago. A writer in the *Lancet* in 1884, proposed a method which proved entirely satisfactory, and which obviated the division of the constricting band, which I apprehended I should have to resort to. The contributor said on the principle that it is not an easy matter to push a glass tube into an india rubber one of smaller dimensions, the task is much facilitated by seizing the edges of the india rubber tube and drawing them by means of some force over the glass tube, and adds: "Gently push the glans on one side and draw the skin of the penis a little back in order to see the ring of prepuce which forms the constricting band, nip this firmly between the thumb nail and finger nail of each hand on either side of the glans, roll or evert it a little over the end of the finger nail, thus dilating the ring, and then gradually and firmly draw this band forward. It will be found that when thus held firmly at its narrowest part the prepuce can be drawn over almost any glans however swollen, the involuntary recoil of the patient, if not anæsthetised, helping to complete the reduction. The nail here is essen-

tial, and as in many other operations, is the surgeon's most valuable instrument." I have seen a surgeon in our city hospital reduce a severe case of paraphimosis by seizing the penis in his closed right hand and draw with all his might, while with the thumb of the other hand he pressed backwards the glans. He stated that he had repeatedly and successfully performed the reduction in this way, adding that the roots of the penis are strong and will sustain, without injury, the whole weight of the patient's body.

THE CAUSES OF DYSTOCIA.

A case of severe dystocia which I had to attend the other day has given me much food for reflection. It is painful to reflect that many such cases are due to the neglect of the ordinary rules of prudence in diet and method of living generally. This is a subject of the greatest importance to our community and nation—in fact to humanity at large. The health of our children, the future fathers and mothers of this republic, and controllers of its destiny, depends upon the life and habits of the parents, the mothers especially during pregnancy and the period of nursing. I might point you to the multitudes of countrywomen in Canada and the States, unable to obtain help, and who have to work hard to the very day of confinement, with children and what-not, discharging all sorts of rural duties, and rising again in a few days with another healthy addition to the family to gratify the parental heart, though it add ever so much to the parental cares. Those poor, hard-working women, too, know nothing of pampering and spoiling, demanding no luxuries nor stimulants before confinement—nothing in fact, but the plain ordinary fare dealt out all the year round. One in such country places also learns the importance not only of plain, nutritive food, but of moderation in its consumption. Women of the high and middle class, living the artificial, pampered life of the cities during pregnancy, indulging in the most fantastic

tastes, exposed to varied excitements, lolling about on couches, and going to bed at all hours, fall infinitely behind their country cousins as regards ease of delivery, and what is no less valuable, the bulk and vigor of the offspring. More healthy work or exercise and less self-indulgence, would make a world of difference in the health and strength of mother and child before and after delivery. We cannot too strongly condemn the habits of "constant nibbling," and tight-lacing. Indeed the number of ignorant and foolish—not to say vain—to be found in the cities and towns is incalculable.

OBSTETRICAL MORTALITY.

The progress made in the science of midwifery during the last twenty years is a cheering, inspiriting sign of still greater forthcoming achievements. Obstetrical mortality has been considerably diminished through a more intimate knowledge of the different difficulties that may arise during the course of labor, and of the measures required to combat them, as well as the more advanced state of gynæcology which enables us to place the expectant mother under more favorable circumstances to withstand the coming trial. Some years ago Dr. Mathew Duncan stated that the average mortality in connection with child-birth in Great Britain was about 1 in every 120 women. According to the registrar's report of that country, just issued, the maternal death rate was something like 1 in every 230 births. The hospitals in Great Britain show equally gratifying results. But who can doubt that still greater achievements are possible through reform in diet, dress and general modes of living, and is it not the duty of every medical man to vigorously pursue a course of propagandism with that end in view?

PROSPER BENDER, M. D.

128 Boylston street, BOSTON, March, 1886.

"WANTED, A DIAGNOSIS."

C. R. MUZZY, M. D., Viroqua, Wis.

In the January number of the ADVANCE, giving a case and its treatment, showing failure to cure, is a paper that, as the editor suggests, may be instructive, if we give it some thought.

In the treatment of a difficult case, failure to cure is sometimes made a success (if one is able to see where the error occurred and rectifies it) in subsequent cases.

I can recall to mind a failure or two of my own with the remedies that I shall mention, against which I have scored many cures through finding how the errors occurred; and, as comment is invited by Dr. Fowler in the case reported by him, I give my view of the case as it appears to me in the report.

During the life of the patient the question of diagnosis, in the pathological sense, was unimportant compared with the probable cause of his condition. In reviewing the case with the view of finding the true simillimum, one must consider the possibility that the eczema of previous date had receded prematurely; that the patient had over-taxed his physical powers and resorted to Allopathic-Hydropathy when exhausted by over-exertion is, in the history of the case, apparent.*

If we consider the value of Bryonia for the consequences of suppressed eruptions and suppressed perspiration; its value for the consequences of over-work in general; furthermore, if we know that "*critical sweats* with anxiousness, panting breathing with pressure of chest" (the peculiar symptoms of the case) are, also, peculiar features of Bryonia, we have established the Hahnemannian name for the disease. There is but one remedy that could

* A warm bath, when in a heated and exhausted state, would have been more in keeping with Homœopathy.

well be taken instead of Bryonia for this case at the time the patient took to his bed, and that is the one prescribed by Dr. Fowler, namely, Rhus tox.

In a former number of the ADVANCE (Dec. 1884) under the heading "Peculiar Features" I spoke of Rhus tox. as the twin brother of Bryonia, and cited a case in which the latter appeared to be indicated but failed in different attenuations, and Rhus tox. was given and effected a quick and permanent cure. With such experience on my part, I am not surprised when similar experience is reported by others.

CLEMENT PEARSON, M. D.

EDITOR ADVANCE:—It is with sorrow I read a brief sketch of the death of Dr. C. Pearson, of Washington, D. C. I feel that I have lost a valuable friend, one who could encourage and aid me, and who could give me advice which cleared away many serious doubts in many serious cases. I will relate how Dr. Pearson converted me to Homœopathy. Early in my medical career I married; a son was born to us, who when eighteen months old was attacked with dysentery. The methods of old school therapeutics were at that time my favorites. I was absent most of the time teaching in order to raise funds to defray my college expenses, and my wife and child resided at an uncle's in Mount Pleasant, Iowa. I received word that baby was dangerously ill; and on arriving at home I found it only too true. I employed old Dr. Vancise who prescribed "neutralizing powders," but they were rejected by the infant stomach. The doctor visited the child, said dysentery was epidemic in the city, that mine was not the only sick child, and after a careful examination, said the child was dying. He raised his hand in a professional way and said: "My God it is too late; your child will not live two hours; ulceration has set in, I cannot save it."

It was now about 2 P. M. The child was rapidly sinking, friends were calling to console us, when something seemed to prompt me to call another doctor. I said, "I am going for one of those Homœopaths. Whom shall I get?" A lady replied, "Get Dr. Pearson." Fortunately, I found him in, and he came with me at once. It was twilight when he entered the chamber; we could scarcely see the child breathe. The doctor examined the child and did not speak for several minutes, then taking a long slim vial from his case he simply dropped a few pellets into the child's mouth. After a few minutes he called for a goblet of "pure cold water" and gave it spoonful after spoonful of that cold water until I thought he would certainly kill it. He then put a small powder in a glass of water and ordered us to "give a teaspoonful after each movement of the bowels." While putting on his gloves he gave us a severe lecture about abusing children with nauseous drugs. Dr. Pearson attended our baby probably a week and restored it to life and health, and that baby is now a young man of eighteen years much my superior in physical strength. When I called to pay him my bill, through curiosity I asked him what medicines he gave the child. And now mark the wisdom of his reply: "I have practiced medicine some twenty years and I have made it a rule to never give anything to make a person sick." When pressed for the name of the remedy, he replied, "I gave the indicated remedy." "But, doctor," I said, "I fail to get the remedy yet." He went to his library, selected a book of clinical cases, turned to the page and said, "I gave that child Mer. corr. 200 in the water and *one dose* of Nux vomica 1000 to begin with." To my astonishment he recorded his work, that perhaps "some poor shipwrecked brother seeing would take heart again." Noble worker! would that we might receive more inspiration from thy careful teachings. May we study them in such a manner that when we are called "to wrap the drapery of our couch around us and lie down to pleas-

ant dreams," like thee, may we hear the welcome words, "well done! good and faithful servant."

O. J. LYON.

SABETHA, Kansas.

ORREN S. SANDERS, M. D.

O. S. Sanders, M. D., the subject of our sketch, was born at Epsom, Merrimac Co., N. H., Sept. 24th, 1820. His early life was passed on a farm, chiefly with General Joseph Low, of Concord, N. H., obtaining his education during the ordinary three months of "winter schooling." Later he attended the High School at Pembroke and finally taught school for a time previous to commencing his medical studies.

He began the study of medicine with Dr. Hanover Dickey, of Epsom, N. H., in the autumn of 1841, attending his first course of lectures at Dartmouth College, and continuing his anatomical studies in the office of Dr. Haynes, of Concord. After completing his studies in anatomy, physiology and hygiene with Dr. Haynes, he spent some time in the offices of Dr. Chadbourne and Buck. In the spring of 1843 he entered the office of Drs. Wheelock, Graves and Allen, of Lowell, Mass., and in the autumn of 1843 graduated at Castleton, Vt. November 27, 1843, he married the daughter of L. M. Morse, Esq., Effingham, N. H., and in December following began the practice of medicine in Center Effingham, N. H., where he remained until June, 1847.

In the autumn of 1848 he first became interested in Homœopathy, disposed of his equipments and removed to Boston, entering the office of Dr. Samuel Gregg, a distinguished homœopathic physician, where for eighteen months he carefully studied the new method of the healing art and fully adopted it as his system of practice. Dr. Sanders has since become one of the most conspicuous physicians of Boston, and ever since has had an extensive and lucrative

O. S. Sanders, M. D.

practice. The habits of industry and frugality which in student life he was compelled to practice, gave him a vigorous and sturdy constitution which has enabled him to withstand the continual strain of professional labor.

He has, for several terms, been a member of the Boston public school board, and notwithstanding the many demands on his time, has usually been prompt in his attendance. In 1872, before the Massachusetts Homœopathic Medical Society, he read an able paper on "Progress Without Change of Law." In 1875, his paper on "Dynamization," produced a lively discussion, and in 1878, when president of the State Society, his annual address on "Science in Homœopathy and Aggressive Science in Medicine" was well received. His article on cholera in the *Boston Globe* of July 5th, 1885, was extensively circulated by the press, and has attracted much attention. As a writer his style is vigorous and his sentences clear and attractive, and he has always been ready to contribute his quota for the advancement of the profession. Dr. Sanders lives in a fine, commodious residence on Columbus Avenue, and although past his 65th birthday and having been in continuous practice for over forty-two years, he is still in excellent health.

EDITORIAL.

THE AMERICAN INSTITUTE AND AN AUTHORIZED HOMŒOPATHIC PHARMACOPŒIA.

The fact that the American Institute of Homœopathy failed to provide an authoritative pharmacopœia for the preparation of homœopathic remedies in the United States, is a lasting reproach to that body and is an incalculable detriment to the cause of homœopathy in the United States. The country wherein homœopathy flourishes as no where else seems to be the country wherein less interest is evinced as to how the remedies used in daily practice are prepared,

than countries having less than one tenth of its number of practitioners. About fifteen years ago the American Institute, at the suggestion of the late Dr. Carroll Dunham, appointed a committee for the purpose of compiling a homœopathic pharmacopœia, to be published by the Institute, which was to be the official guide for the homœopathic pharmacists of this country.

The committee, of which Dr. Dunham was chairman, was empowered to add to its members, and, after securing the co-operation of many of our pharmacists, the subjects were allotted the members with the request to write them out and bring them up to date. Time and again did the indefatigable chairman importune his co-laborers to complete their papers, and from one meeting of the Institute to another he reported "progress." Finally, we think in 1876, he was able to report that the whole of the material was in hand and ready to be put into shape for the press. But the herculean labors of Dr. Dunham as President of the Centennial Homœopathic Congress undermined his health and soon after the conclusion of those memorable sessions, after a short sickness he succumbed. Among his papers was found a pile of disconnected MSS. awaiting his master hand to put into shape for the press. However no successor could be found willing or capable of performing that task, or no publisher willing to assume the responsibility of publication, and, we think, in 1878, the committee asked to be relieved from a further consideration of the subject, and the request was granted.

A few years later the preparation of the *American Homœopathic Pharmacopœia* was taken in hand by a firm in Philadelphia, and in 1882 the work was issued. A second and third editions re-written and revised by Dr. J. T. O'Connor, have recently been issued. In Chicago the *American Homœopathic Dispensatory* was published about two years ago, differing entirely from the other in its scope and aim. While the former follows the precepts of Hahne-

mann in his original directions for the preparation of remedies, the latter has struck out in a new direction and recommended that dried roots and herbs be substituted for the fresh succulent ones which Hahnemann directed to be used, in all plants growing abroad on the continent. Our design is merely to point out the difference between the two works. What is the result? Certainly not uniformity. In the absence of action by the only authoritative body in homœopathic matters, every pharmacist follows his own sweet will, suits his own convenience. While one may follow the *American Homœopathic Pharmacopœia*, and prepare remedies according to Hahnemann's precepts, go to the expense of importing the German fresh plant tinctures, and prepare his Nux, Ignatia, Ipecac, Cinchona, etc., tinctures in the proportion of one part of the crude drug to five of alcohol, his nearest colleague may adopt the other work, make his tinctures from plants indigenous to Europe from the dried herbs and roots (often worthless from age) at a great saving of expense, and make his Nux, Cinchona, Ignatia, Ipecac, etc., tinctures in the proportion of one part of the drug to ten of alcohol. Should any of his patrons expostulate with him for his practice he calmly replies that he worked according to the *American Homœopathic Dispensatory*, which work had the endorsemennt of many physicians of high standing in the profession. A remedy should, as a rule, be prepared in the same manner as that from which the original provings were made if we expect to obtain the desired effect.

It is needless to urge that such a state of things is injurious if not disgraceful and is it not high time some action was taken in the premises. If neither of our present works is worthy its endorsement, then let the Institute take measures to supercede them by a better work as early as may be, or else indicate such changes in either the one or the other as would bring it up to the standard. But by all means let us have an authorized Homœopathic Pharmaco-

pœia in this country, a work, the rules and directions of which the physician may demand that his pharmacist comply with. It is as much in the interest of the pharmacist as the practitioner.

EDITOR'S TABLE.

OMISSION.—In our March issue credit should have been given *Annals of Surgery* for article on "Extirpation of the Larynx" by Dr. Park.

HAHNEMANN MEDICAL COLLEGE, Chicago, presents an enticing bill of fare for its Post-Graduate Course, beginning April 6th, 1886.

THE MICHIGAN STATE SOCIETY meets at Kalamazoo on Tuesday and Wednesday, May 18 and 19, 1886. Let every member come prepared with a well digested paper on some medical topic. Questions of vital interest to every Homœopath in the State are likely to be discussed and a full attendance is earnestly requested. Homœopathy expects that every man will *this year* do his duty.

THE OHIO STATE SOCIETY meets at Toledo, May 11 and 12, 1886. This Society is blessed with two of the most untiring and zealous officers in its President and Secretary and we shall be greatly disappointed if a large and enthusiastic meeting does not result from their work.

INDIANA INSTITUTE OF HOMŒOPATHY convenes at Indianapolis Tuesday and Wednesday, May 25 and 26. All physicians whether members or not are cordially invited to be present and to contribute a paper.

WE regret to announce the serious illness of Dr. Woodruff of Detroit.

MAGAZINE OF AMERICAN HISTORY.—Watson Griffin, of Montreal, will have an article in the April number entitled "The Consolidation of Canada," in reply to Dr. Bender's article in the February number, "The Disintegration of Canada," which appears to have created a great commotion in the Dominion. The forthcoming number will also contain an article from the pen of our Boston Correspondent on the "overcrowding of Cities" which will merit a thorough reading.

THE APRIL CENTURY.—Three anecdotal articles in this number form a most entertaining account of the famous Confederate cruiser *Alabama* and her duel with the *Kearsarge*. P. D. Haywood, who was a seaman on the *Alabama*, describes "Life on the *Alabama*," with

graphic humor; Lieutenant Commander John McIntosh Kell, in his paper, gives an authoritative account of the reasons which impelled Captain Semmes to try issues with the *Kearsarge*, and of the incidents of the fight; while Surgeon John M. Browne of the *Kearsarge* contributes the Union history of that stirring event. In point both of illustrations and ancedotal interest, these articles are perhaps second to none that have appeared in the CENTURY War Series.

POPULAR SCIENCE MONTHLY.—The Gladstone-Huxley controversy over the question of the Scientific Significance of the Book of Genesis will be continued in the April issue. The number will contain Professor Huxley's second article replying to Mr. Gladstone's "Proem to Genesis," which appeared in the March issue; R. Henry Drummond's Comments on the views thus far presented by the two distinguished disputants; and, in a supplement, Mr. Gladstone's original paper, "The Dawn of Creation and of Worship," which first called out Professor Huxley.

OBITUARY.

BENJAMIN EHRMAN, M. D., was born in Jagsthausen, a village in Wurtemberg, Germany, March 3, 1812. His father and grandfather were both physicians in Germany. He emigrated to America when quite a young man and settled in Pennsylvania; studied medicine in Philadelphia, and afterwards graduated at the first homœopathic college then located at Allentown, Pa.

After graduation he settled in Harrisburgh, and there in 1842 married Miss Elizabeth Bigler. After a few years practice in this place and in Lancaster, he was induced to go west, locating at first at Chillicothe, O., where he remained but a short time. In 1847 he was invited to come to Cincinnati where he formed a partnership with the late Dr. J. H. Pulte, and where he has ever since practiced.

The success of Drs. Pulte & Ehrman during the severe Cholera epidemic of 1849 and subsequent years, did much towards firmly establishing Homœopathy throughout the west. The success of homœopathic treatment was so apparent to every one that it gained for them an extensive practice among the most intelligent families of the city. On his arrival in Cincinnati Dr. Ehrman connected himself with the Swedenborgian church, and has ever since been a faithful receiver of its doctrines. A family consisting of the widow and six children remain, three daughters and three sons, all grown.

Two of the sons are homœopathic physicians and the other an Attorney at Law.

Dr. Ehrman had five brothers, all of whom were homœopathic physicians; only two brothers now survive.

Dr. Ehrman died of croupous pneumonia after a short illness of seven or eight days. The last two days of his life were the only ones in which apprehension were felt of a fatal result. His health for several years past has been quite feeble, and it has been only by the greatest care, that he was able to attend to patients in his office. His life was an active one. He was only happy when attending to the sufferings of others. He died in the harness, prescribing for patients in the office three days before his death.

At a meeting of the Faculty of Pulté Medical College the following resolutions were unanimously passed:

WHEREAS, In the natural course of human events, our friend and brother, Benj. Ehrman, M. D., has been called from his labors among us to his final rest and reward, therefore be it

Resolved, That we hereby testify our high appreciation of the noble qualities that distinguished Dr. Ehrman as a true physician, a thorough scholar, an earnest and zealous homœopathist, a faithful friend and a loyal citizen.

Resolved, That we hereby tender to the bereaved family of Dr. Ehrman our sincere sympathy in their great affliction.

"*Resolved*, That a copy of these resolutions be engrossed for the family of our deceased brother, and a copy furnished the daily papers for publication."

W. H. HUNT,
J. M. CRAWFORD,
C. D. CRANK,
Committee.

At the meeting of the Cincinnati Homœopathic Medical Society the following resolutions were passed:

"The transmutations of Monday, March 15, 1886, included the passage of Benj. Ehrman, M. D., from the activities of this world, therefore:

Resolved, That in the death of Dr. Ehrman the Cincinnati Homœopathic Medical Society has lost a valuable member, the profession an able exponent and stanch defender of the truths of Homœopathy, the city of Cincinnati a skillful, active and successful practitioner, and the world a man in the best und fullest sense of the word Dr. Ehrman had his convictions and the ability and willingness to propagate the truths he entertained.

"*Resolved*, That this society extend to the family and relations of the deceased its deep condolence and will mourn the great loss sustained. Dr. Ehrman's work has built for him a monument more enduring than that constructed of material. He will live in the loving memory of the people, and his life of purity is a model for the world.

"*Resolved*. That these articles be given the press.

J. P. GEPPERT, M. D.,
J. J. MARVIN, M. D.,
M. M. EATON, M. D.,
F. H. FCHELL, M. D.,
W. A. TENNEY, M. D.,
Committee."

PUBLISHER'S DEPARTMENT

IMPROVEMENTS.—With our July issue we begin Vol. VII of THE ADVANCE, and shall appear in an entire new dress, new type, heavy tinted paper, etc., etc. In order to accomplish this and secure uniform paper for the volume we shall require about $2,000 to pay for the paper when ordered. Our readers shall have the benefit of all improvements, and we hope soon to be able to pay for contributed articles. Those in arrears for present volume, as per enclosed notice will aid us very much by remitting as soon as convenient.

LIPPE'S REPERTORY.—In order to close up the estate a few volumes remaining on hand will be sold at a reduction. Address Mrs. G. A. Lippe, 68 West 50 Street, N. Y.

LOOK over Kuhlman's instruments when you are in Detroit.

WANTED.—To purchase an established homœopathic practice for which I will pay cash. No real estate wanted and only *bona fide* offers will remain attention. Address, "Homœopathy," care Medical Advance, Ann Arbor, Mich.

A TRIUMPH IN CHEMISTRY.—After more than two years of hard labor, many annoying disappointments and great expense, Wm. F. Kidder & Co., of New York, have succeeded in producing a NON-HYDROSCOPIC CRUST PEPSIN of very superior digesting power. Herman Endemann, chemist for the board of health of Brooklyn, in the *Apotheker Zeitung* reports that he has tested this pepsin by the beef process, and finds that it digests more than double the quantity of any pepsin in the market. The chemist of one of the best known drug houses in the country says: "In my hands the Crust Pepsin manufactured by Kidder & Co. has proved the most active ferment I have ever tested. One grain easily dissolves one thousand grains of egg albumen. Moreover, it shows a uniformity of strength not found in the commercial article." For druggists and manufacturing chemists, the great advantage of this preparation will be readily seen. One grain of this Pepsin with 19 grains of sugar of milk will make a saccharated pepsin U. S. Phar. 1880; while in Jensen's, one of the best of the old preparations, it requires 5 grains to 15 of sugar of milk (according to their own statements) to obtain the same results, hence this would be as cheap at $7.50 per ounce as Jensen's at $1.25, the usual price. Every advance of this kind in chemistry only makes it easier for the physician to feed his patients in cases where the stomach absolutely rejects all nourishment. An increase in quality without increase of price.

PHIL PORTER, M. D. overworked by his professional and editorial labors has decided to take a much needed rest. He leaves April 8 for New Orleans *via* Cincinnati, the Ohio and Mississippi rivers, and will not return until May. Bon voyage.

EVERY Hospital in the country should have one of Sargent's invalid's beds.

THE increasing demand for their goods, by the Medical Profession in foreign countries, has necessitated the Rio Chemical Co., of St. Louis, to establish offices in London and Paris. Kennedy's Pinus Canadensis is especially valuable and highly prised by the profession.—*Medical Brief.*

REED & CARNRICK'S, Beef Peptonoids as now prepared is pleasant to the taste and smell. Try them.

THE SOUTHERN BIVOUAC, for April. This magazine opens with an interesting article on the much-talked-of Virginia Cavaliers (and any one may now know who they were) by Miss K. M. Rowland of Baltimore. Richard H. Musser contributes the first of three articles on the War in Missouri, which is accompanied by a portrait of General Sterling Price.

FARNSWORTH'S PHARMACY moves into new and enlarged quarters April 1.

REGULAR?—In one of the University Journals a reporter of the doings in the Homœopathic Department, (U. of M.) himself a supposable homœopath, condescends to call his allopathic neighbors "regulars." Is this one of the natural results of "The new order?" Are we to understand that the brazen assumption of the name "regular," by the Allopathic Medics, is henceforth to be conceded to them. Verily, verily I say unto you a sad change is coming over the spirit of our dreams.

THE "Miller Prize" awarded by the Faculty of the Homœopathic Medical College of Missouri to the student who passes the best examination in the knowledge of the law of similia, was captured by C. O. Boyce of Auburn, N. Y.

DR. S. B. HOUTS SAYS: It will pay you to try Lactopeptine in dyspepsia, as it is the best anti-dyspeptic remedy yet used by me. It can be used internally or externally without fear of dangerous results.

It will pay you to try Bromidia, as it certainly is the best hypnotic.

It will pay you to try Celerina, as it is by all odds the best nerve-tonic.

It will pay you to try Listerine, as it is without doubt, the safest, most pleasant and best anti-septic.

THE
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H. C. ALLEN, M. D., Editor and Publisher.

To whom all subscriptions and business communications should be addressed. The Editor is not responsible for the opinions of contributors or correspondents. The date to which subscriptions are paid will be found on the address on wrapper of each number.

PLEASE NOTE.—To accommodate both publisher and reader this journal will be sent until arrears are paid and it is ordered discontinued.

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ORIGINAL CONTRIBUTIONS.

THE CONDITION OF THE STOMACH AS A CAUSE OF HEALTH AND DISEASE.*

C. PEARSON, M. D., Washington, D. C.

It is not proposed that this paper shall be an address or lecture, such as a teacher in a college would be expected to deliver to a class of medical students. If there be anything that will make an experienced physician cry out in despair, "Who have sinned, we or our fathers, that we should endure such infliction?" it is to be obliged to sit for half an hour or more listening to a dry, stale paper on some medical topic, perhaps pathology, copied largely from text-books. The more allopathic these, the more profound is the research displayed (!). Yet the lecture from beginning to end, may not contain one practical idea; nothing that years and years ago you did not know to be either true or false.

*Read before I. H. A., June, 1885.

This custom has become so common of late in the American Institute that it has pretty thoroughly driven out all useful and practical papers, as well as disgusted those members who might have been induced to write them. I may not be able to impart to you any useful information, but will merely state conclusions at which I have arrived from close observation in constant practice for a period of over thirty-five years.

The members of the human family do not live over one-third the length of time they should. The dog comes to maturity in about three years, and five times this or fifteen years is the average length of his life; the horse is at his best at five years and lives twenty-five, and so with all the inferior animals. A man comes to physical perfection at about thirty years of age, and should, therefore, live to be one hundred and fifty. Now what cause can be assigned for his never reaching this age, and only occasionally the one-half of it? Unnatural habits of living, and still more unnatural habits of drugging. The stomach is the great receptacle of health and disease; it may be safely estimated that nine-tenths of all diseases, directly or indirectly, come from gastric derangements.

A very intelligent patient of mine once remarked: "If a man is sick, it is his stomach; if the patient be a woman, it is the uterus." And many greater errors than this have been made even by medical men. He did not take into consideration that uterine derangements, like those of other organs, are often developed from derangements of the stomach. It is true that many of us, like Gloucester, came "into this breathing world scarce half made up," and equally true that by inattention to hygienic laws this idiosyncrasy, in very many instances, is increased from a mere predisposition to an organic disease. Hundreds of patients die of what the doctors are pleased to term heart disease, Bright's disease, liver disease, etc., where if any such diseases are present at all, ninety per cent. of them

had their origin in gastric ailments. Certain articles of diet, kept up for a length of time will in some patients produce such marked changes in the urine that the patient, or even the physician, may be led to believe the kidneys are seriously diseased, while at the same time they are in a perfectly healthy condition and doing double duty in separating from the blood impurities that have found ingress through the stomach.

Two or three eggs eaten each day for an equal number of days will often change the urine from a straw to a dark mahogany color. Sugar, potatoes, or milk will often produce a sediment like buttermilk, adhering like lime to the bottom of the vessed; change the diet, leaving these off—for they should never be used where they produce these results—and the urine at once, without the aid of medicine, becomes perfectly normal. Continue the diet, and no medicine can do this; as well might you expect to heal a wound with a knife or bullet in it, still keeping up the irritation. Heart symptoms are influenced in the same way. There are probably no agents that produce so many cases of indigestion as tobacco, alcoholic liquors, tea, coffee, drugs, and consequently so many heart symptoms. Patients will present themselves for treatment for heart disease with their mouths so full of tobacco as to be scarcely able to speak, or the ever-present cigar is only removed long enough to tell their story. Others are never free from a stimulant of some kind, and hence never in a normal condition. Any abnormal action of the heart growing out of the use of these agents, at first perhaps only functional, may in time become organic, and when a fatal termination occurs it will generally be soon after partaking of a hearty meal, or after a fit of indigestion from something recently taken into the stomach. This may not always be from food. Nothing is more indigestible than crude drugs, and they hasten more deaths than they ever did or ever will avert. Alcoholic liquors are but little better. Never in a

single instance have I seen any good result from their use, either in health or disease, and how any homœopathic physician can advise or allow his patients to take them while prescribing the high potency of the appropriate remedy, or what he expects to gain from such practice more than the approval of the patient or his friends, is something that to me still remains inexplicable. I tried this stimulating treatment during the first ten or twelve years of my practice, and am fully convinced that my cures were not so prompt with as without them, while debilitating and incurable diseases more rapidly attained a fatal termination. In pulmonary diseases, I regard the use of alcohol as suicidal, destroying, as it does, the vitality and life of the patient, robbing the red globules of the blood of the oxygen which the lungs with their enfeebled powers are laboring to supply. Except in a potentized form, homœopathists should have no use for this agent; its effects are toxical, palliative, and injurious. Throw it where it belongs, with patent medicines and other allopathic deviltries, to the dogs.

Look well, then, to the stomach of your patient. Pay no attention, further than its importance as a symptom, to his craving for certain dishes. Should he follow his inclination in this, his chances for an early funeral will be very fair. I once saw a patient recovering from a fever, unable to resist the temptation of drinking a small quantity of sweet cider. Bowel trouble set in, of which he died in a few days. I saw three children convalescing from scarlet fever eat thickened milk, bringing on salivation in less than twelve hours and canker sores through the entire mouth. I once had a patient whom I had treated for vertigo, and who by my direction had left off the use of tobacco and regained his usual health, return to it again, and die from its effects in less than three months. So there are few greater fallacies than that the patient should have what he craves. Many are not aware what disagrees with

them until their attention is called to it; they will insist that their stomachs are all right, as they experience no pain in that organ; but they are not aware that owing to the few sensitive nerves the stomach may be fearfully diseased with little or no pain being experienced, except in other organs. A patient of mine who died of cancer of the stomach, found to be such after death, never complained of pain in that region. He had the usual sallow, leather-colored complexion, with the most markedly intermittent pulse I ever saw, so much so that the patient, who was himself a physician, insisted the whole trouble was in his heart.

Cold is thought to be a very common cause of disease, and yet it is questionable whether any one can take cold whose stomach is in a normal condition. Nasal catarrh, either acute or chronic, prevails, perhaps, to a greater extent than any other one disease, and there is nothing more certainly aggravated by irregularities in eating and drinking than this. One hearty meal of highly seasoned food, particularly if pepper be an ingredient, will often start the patient sneezing in less than two hours, and increase the catarrh in less than twelve. Some patients will tell you that they take cold all the time without regard to weather or temperature. Ninety-five per cent. of such cases orignate with the stomach.

"Feed a cold and starve a fever" can only be true in the sense that if you feed a cold you will have a fever you will be obliged to starve to get clear of. I do not believe that such a thing as a purely local disease exists; a mechanical injury is not a disease; neither will disease, when not too serious, follow it if the system be kept right with the proper diet and remedies; hence I have no patience with specialists. The healthy action of every organ of the body is dependent to a great extent on the normal state of every other organ, and yet the specialist goes to work as if his favorite organ was entirely independent, doing business

strictly on its own account. So he commences at the top, lops off a branch here, and another there, and woe to the abnormal growth or sensitive tooth that may show itself in the way. Of course, these are only results; but no difference, the doctor is expected to do something for his fee, and so he removes them; the root, however, still remains untouched; the cause is kept up through the stomach, and the patient gets clear of his money and is flattered into believing that he is getting better right along—till he dies.

I do not believe that any condiment, any drug, or medicinal substance should ever be taken into the stomach in health or even in disease. The potentized homœopathic remedy is not a drug; it need not and rarely does act through the medium of the stomach, but is taken up by the absorbents of the tongue. It is most remarkable that as the stomach is so generally made a kind of dumping-ground for every indigestible substance, that it should continue to perform its normal functions for so many years. None of the lower animals, with, perhaps, the exception of the ostrich, could endure this one-half the same length of time, though occasionally we find men with stomachs compared with which the ostrich is a dyspeptic. But while it is impossible to swallow poisons and escape their tonic effects, some have more power of endurance or greater powers of resistance, and then from habit the system in health will to some extent adapt itself to abnormal conditions, at first resisting with all its force every invasion by foreign substances, such as tobacco, alcoholic liquors, morphine, etc.; it is finally obliged to make the best terms it can with the enemy, and the patient, for he is then a patient, lives constantly under the influence of a drug from the reaction of which he immediately feels the necessity of a repetition.

And is it possible that physicians calling themselves homœopathic not only tolerate the abnormal condition in health, but resort to this palliative treatment in disease? There is nothing to justify this, either in science, Homœop-

athy, or common sense. If your patient should be nervous and wakeful, strike him a stunning blow on the head; this will induce *quiet sleep*. Should a reaction set in and insomnia follow, give him another stroke; that is, keep him under the influence of an opiate, and let the disease look out for itself! As an illustration of this worse than useless treatment, we have only to refer to the cases of Generals Garfield and Grant. It would seem as though their medical attendants were determined to prevent their recovery, if possible. It never seemed to occur to them that the vitality and recuperative powers should be kept up by the only thing that ever did or ever will have this tendency, namely, nourishing diet in a healthy stomach. Without these dietetic and sanitary measures being observed, whatever may be the amount of natural vitality, no one can long survive. Instead, however, of this only source of strength and life, in the case of the two illustrious patients referred to being scrupulously guarded, it was outrageously and wantonly abused and destroyed by the treatment.

Will any one by close observation of such a course and its results, ever profit by the lesson? The people may; doctors never do. I am well aware that no system of dietetics can be laid down by which all should be governed. All are not similarly constituted, and the system is so changed by time that even in the same individual what was once found to agree can no longer be taken with impunity; but if any article of diet, as is sometimes the case owing to some peculiar idiosyncrasy, has always disagreed in health, it is folly to advise or even to allow its use in disease. While a man is undoubtedly an omniverous animal, some can only retain a reasonable share of health by restricting themselves to a very few articles of diet. Persons with prominent canine or cuspidati teeth, as a rule, may be regarded as meat eaters; small, regular incisors will usually indicate a milk diet; but where these teeth are large and prominent fruit should be an important item in the bill of

fare; and with large, broad, firmly set molars and bicuspids a coarser diet, such as corn, potatoes and beans.

Insomnia is becoming the plague of human existence. Am I safe in saying that in the male subject ninety per cent. of all cases originate in the stomach? and apart from uterine and pulmonary derangements, the same proportion in the female patients tells you they must have something to make them sleep. They cannot divest themselves of the allopathic idea that this wakefulness is a cause instead of a result, which all the opiates in the world will never cure; so they become impatient, are not disposed to wait till by the proper remedies and dietetics the cause can be removed, but swallow some narcotic, or, in other words, receive the usual scientific (!) blow on the head, rendering them unconscious, and they congratulate themselves on having such a skillful doctor, who, if he has luck, will usually in from one to three weeks have them out riding—in a hearse! The friends, of course, are satisfied, and only regret that they did not sooner resort to the treatment.

The cure of such cases is a growth; medicine alone will not effect it. You might as well expect a medicine administered to a boy would cause him to grow to be a man in a week. The irritating cause has to be discovered and removed or withheld, and this will usually be found to be something affecting the digestion; then the proper medicine must be used to heal the wound. Only in this way can any disease be permanently cured, whether it be a painful corn or an aching tooth. You may extract the latter and amputate the former, but the cause will still remain and sooner or later manifest itself is some way in other organs.

Some persons say they would rather have shorter lives and indulge in eating and drinking whatever the appetite craves. This, of course, is their privilege. If they wish to commit suicide in this way they can usually be accommodated; nature will permit assistance, but never coercion.

Any one who has inherited a large, strong, healthy stomach has had a fortune bequeathed to him of more value than gold, and the profligate who abuses the former is as inexcusable as he who squanders the latter. But how few realize this until it is too late!—how few in after-life can say with trusty Adam,

"Though I look old, yet I am strong and lusty;
For in my youth I never did apply
Hot and rebellious liquors in my blood,
Nor did not with unbashful forehead woo
The means of weakness and debility;
Therefore my age is as a lusty winter,
Frosty but kindly. Let me go with you;
I will do the service of a younger man."

THE MYTHOLOGICAL AGE OF MEDICINE.

W. M. DECKER, M. D., Kingston, N. Y.

History repeats itself, and every race, *at different periods*, have gone through much the same steps in ripening thought. Thus, when Egypt had reached a high state of civilization, Greece was still in barbarism; and when Greece was luminous, Rome yet groped in intellectual darkness. Egypt, Greece and Rome, each have a mythological history; but the *best*, though not the earliest type of "The Mythological Age of Medicine," is to be found in Grecian Mythology. The Greeks had a passion for myths. They had a god for everything; and for fear that their broad polytheism was not comprehensive enough, they even raised at Athens, as Paul tells us, an alter "To the unknown god."*

Introduction to medical myths is now in order. First, comes Cheiron†—the Centaur‡. He lived in Thessaly, on

*The Acts 17—23.

†—Sometimes spelled Chiron.

‡—The Centaurs are represented with the body and legs of a horse, and the head of a man.

Mt. Pelion (modern Zagorá). His home, a cave. Cheiron was skillful in medicine; but his treatment was a mystery. Æsculapius, Achilles, and Jason were his pupils. He was accidently wounded by a poison arrow from the bow of his friend, Herakles (Hercules). The sore baffled his skill; and "he offered himself to die in the room of Prometheus, and was accepted by the gods."

Next, comes Æsculapius, son of Apollo, and more famous than his tutor, Cheiron. His mother, Koronis, died at his birth from the arrows of Artemis. (In sudden death, that could not be assigned to a known cause, or in sudden death from an injury or wound, the Greeks said, if it were a female, that death was due to the arrows of Artemis; and, if a male, to the arrows of Apollo. Herein we see the ignorance and superstition of the Greeks.) Æsculapius was equal to the most malignant diseases; and performed miracles with his art. He so robbed Hades of its victims, that Pluto became wroth, and besought Zeus until he slew him with a thunderbolt. After the death of Æsculapius, he was worshiped as a god; and temples were erected to his memory. One of these temples was at Epidauros, in the Peloponnesos. There was another at Antium, in Italy; and still another on the island of Melos, in the Tiber. Patients resorted to these temples to be cured of their diseases. Those, who were cured, placed tablets in the temple on which were recorded a brief statement of their diseases, or the symp-

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"The Chironian," published by the students of the New York Homœopathic Medical College, is named in honor of this god.

The race of Centaurs sprang from the union of Ixion with Hera (Juno) as the god believed, but, in fact, their mother was more etherial, for Hera cunningly deceived the god by substituting for herself a cloud bearing her image.

Patent drugs sometimes have on their wrapper an illustration of a Centaur. The figure is variously used as a reminder of Cheiron, or in reference to medicine.

toms, and the remedies employed.* Those healed of a local illness dedicated a sculpture of the member, which had been diseased. Some of these sculptures have been found, and are preserved in the British Museum.†

The symbols of Æsculapius are a serpent and a cock—the signs exhibited at our drug stores of to-day. It was customary for patients to sacrifice a cock to Æsculapius. The sacrifice was a life taken, which the god would accept as a substitute for theirs; and it was like-wise an evidence of the patient's faith in the healing powers of the god. Socrates (born 469, B. C.) affords us an example of this custom. His last, dying words, as recorded by Plato, were ——"Crito, we owe a cock to Æsculapius; pay it therefore and do not neglect it." The serpent, by its periodical change of skin, indicates rejuvenescence; and was held as sacred by the Greeks and Romans.

We will now make the acquaintance of the Homeric hero, Telephos, who received a serious wound from the spear of Achilles. The oricle told him——"It could be healed only by him who had caused it." By strategy, rust was obtained from the spear of Achilles, which healed the wound.‡

Next, comes the great warrior, Philoktetes, who inherited the bow and arrow of Herakles—a weapon, which sent terror to the hearts of the Trojans. Philoktetes was bitten in the foot by a serpent. The pain was so intense, that he screamed continually. His comrads unable to relieve him, and intolerant of his groans, left him behind. His services were too valuable to lose, and he was later cured; how, we are not told, by Machæon—son of Æsculapius.

Last of all, though not the least, behold Apollo! whose

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*J. A. Paris, M. D., F. R. S., F. L. S., in his Pharmacopœia, p. 8. tells us——"It was in the temple of Æsculapius, in Greece, that medical information was first recorded."

†—A. S. Murray's Mythology, p. 180.

‡Treatment by similars is here fore-shadowed.

vengence sometimes took the form of disease. At one time he sent a pestilence, which depopulated Troy. On another occasion, he caused the ears of Midas, a king of Lyda, to grow long like those of an ass, because he sided with Pan, that the flute was a better musical instrument than the lyre. As Apollo possessed the power of causing disease and deformity, so, also, he had the power of preventing and correcting them. Hence, those polluted with disease, or even condemned for crime, came to him for purification and pardon, or exoneration. At Delphi, Apollo became the great god of Oracles. His mouth-piece was a priestess, styled Pythia. In the 8th century B. C., the reputation of this Oracle extended throughout Hellas and pervaded foreign nations. The worship of Apollo was not established at Rome until 320 years B. C. A pestilence was then rampant in the city, which caused the Romans to erect a temple to the god.

Here, in brief, is mythical medicine. Myths were born of ignorance and nourished by superstition. Medicine was long kept under mythical supremacy because idealistic ignorance coupled with intuitive worship-developed idolatry; and that primitive religion recognized a spirit or soul in everything. All beings or things were possessed either by good or evil spirits. Disease was an evil spirit in the body; and the remedy was sought in the gods. Now in all ages (except the last hundred years) the attributed cause of disease has influenced and largely determined its treatment. But with the ancients this one idea of disease prevailed; and, though they grew wise in other things, their religion was dead, and that rendered medicine non-progressive. A nation can not possess Medicine as an Art until it rises above myths and heathenism.

MAGNESIA CARBONICA. "Toothache during pregnancy." Verified in one case; the pationt's general health improved in every way. C. B. GILBERT.

THE HYDROPHOBIA CRAZE.

C. T. HARRIS, A. M., M. D., Syracuse, N. Y.

While the people of New Jersey are having their terrible scare over this frightful disease, Hydrophobia, and the people are waging a war of extermination on the canine race, and while money is freely contributed to transport the bitten ones to M. Pasteur for inoculation, would it not be well to call a halt, take our bearings and see if we have not the means and the men in our midst, to prevent as well as cure this frightful malady. We would not discard Pasteur's method of cure, if, after a proper trial it shall be found effective. But it has not yet been thoroughly proven and if a course already well proved has cured—one which is safe and easy of trial—why not bring it to the front and compare notes with M. Pasteur as to its success?

The Homœopathic law furnishes the key to such cure.

What are the abnormal symptoms in Hydrophobia? *Fear of water; insatiable thirst; consumed by burning thirst; rejects liquids with violence when presented him; endeavors to sleep but cannot; embarrassed respiration; countenance becomes red; eyes fixed and sparkling; suffocation while trying to drink; inability to swallow: alternately actuated by terror and desire to bite those around him; endeavors to escape; he spits and drules everywhere about him; continual moving about of the body; extreme terror.* These symptoms are so common in Hydrophobia that we sometimes imagine as the writer once did, that the patient must be laboring under poisonous doses of Belladonna, but Belladonna 30 cured her.

We have grouped some of the prominent symptoms of Hydrophobia in which we believe Belladonna will prove curative. Yet no one remedy will prove curative of Hydrophobia. It is not scientific to prescribe for Hydrophobia or any other disease, until we find our similar. This is

certain to prove prophylactic, and if an exact simillimum, will cure. There are, however, cases where Belladonna does not fully cover all the abnormal aberrations and then we may consult Lachesis, Stramonium, Nux vomica, Hyoscyamus, Hydrophobinum, etc.

Cases are given by Hufeland in which a rabid man bit several others all of whom died of rabies, except two, who were treated with Belladonna. Dr. Casanova reports several cases cured with Belladonna. Prof. Murich has given Belladonna to several who had been bitten by rabid dogs not one of whom was attacked with it.

Hahnemann also administered it with success both as a prophylactic and curative remedy. The writer used Belladonna as a prophylactic in the following cases: January 1st 1862 while practicing in Delavan, Wisconsin, a child ten years of age, was seen by her parents not far from the house where they were making their New Year's call. The child was crying. The father ran to her relief, and found in her arms what she supposed to be a "kitty," its teeth fastened to her wrist; it proved to be a skunk (Mephitis putorius) which clung to her and with great difficulty was shaken off and was promptly killed. The wound healed readily. Two weeks afterward in the same neighborhood another young skunk which had been caught in a trap, was teased by poking a stick into his cage. It afterwards escaped from the cage, sprang upon and bit a little girl, who in three days was taken sick and died. The verdict of a council of physicians who attended her was Hydrophobia; and I learned it was a well-marked case. This death alarmed the parents of the first child and I was consulted. I prescribed Belladonna 30, as a prophylactic. The first dose produced pathogenetic symptoms. Her clergyman was present when the Belladonna was given. She said to her mother a short time after taking the medicine, "Oh, you don't know how that medicine makes me feel! It makes me feel in my feet as if I want to kick; and in my teeth as

if I want to bite." The medicine was discontinued, the symptoms disappeared and she has since remained well; but I have learned that for months afterwards, the smell of a Mephitis would cause faintness and she would flee from it to the house. I kept a discreet espionage over her with orders for a prompt report if any bad symptoms arose. When last heard from she was a married woman with a family of her own. But nothing could induce the parents to give more of the Belladonna; and I presume she never knew what she took and thought that was given for worms.

Is not the Homœopathic Materia Medica a more reliable experiment than that of M. Pasteur? Surely the Homœopath has no need to fly to every will o' the wisp that is proposed for "trial" by our brethren of the dominant school. Let us carefully study the peculiarities of each epidemic and we will certainly find the remedies that will give us the victory.

PROFESSION VS. TRADE.

C. B. GILBERT, M. D., Washington, D. C.

"The laborer is worthy of his hire." Yes, but how much did the good Samaritan charge for his labor? Are we, as physicians, to live and work as we would sell corn and potatoes? Is there no brotherhood among us that is higher than dollars? To the last question--Yes, from all around. Are you sure of it? There comes from a hard working and valued author, in acknowledging some verification, this: "Accept my thanks for the items. I get very few such sent me; have to keep on the lookout all the time and pick them up when and where I can." And for whom? You and me, reader, who go to the books of this and other authors in our extremity for the balm that soothes the sufferer and —fills our pocket-books! And what return do we make as a profession? An occasional case reported in a journal, or read in a medical society and which last is not generally

reported;--for the cause. Oh! no! but that we may swell out with pride, and, like the rooster, crow from the summit of our own—self-conceit. It's true, every word of it.

What is our duty, then, toward our authors, and toward one another? It is to record new and *reliable* observations and verifications of unusual symptoms and report them to the journals; to report verifications of previously verified symptoms to the authors of special works in order that their relative value may be better known. In short, to give others the benefit of our experience in strict accord with *similia*, and not devour everything we can get hold of and give nothing in return.

It is a fact, sad but true, that the men who are best able to do the very things enumerated are the last men to do it, and those very men you will find well booked up in all that is contributed by others. More's the shame.

I have heard men scold about the matter in medical journals and say that they never got anything out of them; and these very men who are able to write valuable articles that would crowd out these useless ones seldom or never do it. They keep away from the institute for the same reason and then complain that the "mongrels" have the control of things. Is there any consistency in this? They call men who are not up to the mark "fools." Is it a good idea? If a "mongrel," for instance, is a "fool" he is not worth converting. If he is worth converting he is not a "fool," and it cannot be done if you begin by calling him a "fool."

While there are some men who are Homœopathists, so-called, for the sake of money, I believe that most are sincere and desire to do that which is best for the patient; and I believe that they will adopt any other way than their own when it has been demonstrated to them that it is better. Some of us are slow and the conviction is tardy. Will the preacher cease to preach because his hearers are not all converted at his demand? Come forth, then, ye herm-

its, from the seclusion of your office ledgers! Come forth from the mysterious chambers of your conclave, ye members of I. H. A., and in the field of journalism and on the floor of the institute, where error is rampant, do battle for the cause with "Similia" upon your banners!

"Lives of great men all remind us
We can make our lives sublime,
And, departing, leave behind us
Footprints on the sands of time.

Footprints, that perhaps another
Sailing o'er life's solemn main.
A forlorn and shipwrecked brother
Seeing, shall take heart again."

SUNNY MEMORIES OF A YOUNG PHYSICIAN.*

GEORGE B. PECK, M. D., Providence. R. I.

(Read before the R. I. Homœopathic Society, January 2 and April 16, 1885)

Having directed your attention upon previous occasions to some of the misfortunes of a young practitioner (for every death certificate injures some physician), I may be permitted to turn to brighter scenes, for they will also teach important lessons. The cases I shall recount, are selected simply because they are those which most prominently characterize my first five years of practice, and because their recollection ever excites a quiet smile. Their favorable termination has been the occasion of profound rejoicing, but *never* of self-congratulation. The only ground upon which a homœopathist can justly pride himself, is the

*This paper was written in the fall of 1884 for the purpose of occupying any waste moments that should present themselves during any session of the R. I. Homœopathic Society. Accordingly a portion was read at the January meeting, 1885, and the remainder at the April meeting, 1886. We are informed that the writer's views have not changed in the slightest degree since the article was penned.

degree of his conformity to the law he professes to follow, the administration of a single similar remedy in the smallest dose capable of effecting a cure in any given instance. That is the true measure of success, and by it each one can readily gauge his own attainments. Should it seem as if the writer had forgotten his principles in the treatment of any case reported, he trusts that the importance of *entailed condition* will be remembered in the hour of criticism.

CASE I.—On Wednesday, June 23, 1875, I was called to see Miss McC., aged 12 years. Early that morning her feet began to swell, and long before noon the skin was so tense she could neither stand nor endure the slightest pressure upon them. Moreover, severe burning pain was experienced until within half an hour of my arrival, when a feeling of tension displaced every other sensibility. On Monday she had visited the Rhode Island Hospital (allopathic), where she was treated for diphtheria with escharotics and equally heroic medication. The urinary excretión had erewhile been diminished. I left two doses of Nux vomica 3x, the first to be taken at once, the second in one hour; also Apis mellifica 200, pellets dissolved in two-thirds of a glass of water, two teaspoonfuls of which were to be taken every subsequent hour that day and every alternate hour on the next.

On the 24th I found the swelling had disappeared almost entirely from the right foot, but the toes of the left were still tightly distended and extremely sensitive. Removed the solution of Apis 200.

On the 25th there were but slight traces of swelling in the left foot and no pain. Replenished the glass of medicine and bade her ladyship good-bye. Six months after I learned she went to work the next Monday and had enjoyed perfect health since.

Comments:—It is pertinent now to inquire what considerations prompted the above treatment, and why should it be considered efficient. All must be aware that the first

remedy was selected solely to antidote previous drug treatment; as it was administered in material quantities none can criticise the attenuation, though most may suggest that less might have answered. The second was selected symptomatically and for the purpose of restoring the deranged functions of my patient's system in accordance with the formula *similia similibus curantur*. Now this formula expresses a fact or an untruth. But the accuracy of the principle was never questioned until men began to utilize it—to apply it in their attempts to relieve suffering. So long as it remained in the realm of speculation all acknowledged its right of existence. Now if that expression was ever true, if it is not absolutely false, it expresses a law—that is "the constant and regular mode of order according to which an energy or agent acts or operates" (Worcester), and if *a* law, then *the* law for it indicates "*the constant and regular* mode" in "which an energy or agent acts or operates." Thus *of necessity* we hold that in this ancient dogma is taught the *only* way "to subdue or *remove* by remedial means," that is by "medicines or applications which put an end to disease and restore health" (Webster). The impregnability of this position is revealed by these two facts; first, that no other principle has been formulated which can endure for an hour the test of practical application, still less the test of strict logical analysis; and second, that the willing testimonies of thousands of practitioners representing nearly a century of time and every country under the heavens, no more certainly, however, than the extorted confessions of greater thousands in every age and clime, proclaim its availability and its truth.* Upon the reliability of such a guide I may be permitted to repose

* Equally certain is the necessary corollary of that law, if prompt and marked relief is witnessed in any case after the administration of the similar remedy, it is perfectly legitimate to claim the benefit as the result of that ministration irrespective of the form in which said remedy was exhibited.

implicit confidence until one more trustworthy shall be provided.

"But why did you select the 200th attenuation?" I hear some one sneeringly inquire. To see what I could do. "But you used no medicine; you might just as well have given the cold water without the pellets; the result would have been the same." *Perhaps!* Every sensible physician of every name desires to use as little medicine as is necessary to effect a cure. How small is that quantity? It varies with the drug and with the patient; none *do* know—*can* any one accurately ascertain? Only a little more than a year since an eminent allopathic physician in this city, recently deceased, broached to one of the founders of this society an astonishing discovery. "Do you know," said he, confidentially, "that the tincture of Cantharides in thirtieth of a drop doses will relieve strangury? Remarkable, isn't it?" "Why," replied the homœopath, "I knew better than that thirty years ago! I knew a three hundredth of a drop would do it!" "Wonderful!" rejoined the allopath, "I can't understand it!" Some three or four years ago a member of the American Institute remonstrated with me for accepting reports of alleged cures effected with attenuations higher than the 3x, on the ground that every one knows they contain no medicine, but since then Prof. J. Edwards Smith has exhibited gold buttons recovered from assays of the 6x and 8x triturations of Aurum! When, in 1869, I wended my way to the Hahnemann College of Philadelphia, it was with the idea that the 3x is a very proper preparation to use, that 6x and 12x are respectably high, and that the thirtieth is "potentized moonshine." Imagine then my amazement upon finding the remedies dispensed at Martin's medical clinic every Wednesday and Saturday were taken from a case of Boericke and Tafel's 200. Perhaps I did not watch the cases with a critic's eye! No student at the Jefferson or the University was more skeptical than I, and when on New Year's day, 1870, Messrs. B.

& T. sent up a box of their newly prepared 500, my eyes opened wider than ever—yet I kept them at their work. I cannot pause to cite cases—it would be useless—but will simply remark, that a child needs not to witness a very protracted thunderstorm before concluding that lightning has something to do with thunder, and that thunder is somehow related to lightning. Though subsequently he should semi-occasionally observe noiseless flashings of electricity, and hear repeated thunderings unaccompanied by the faintest glimmerings of light, he will never dissociate the two nor question their relationship.

Despite all this testimony, however, I was skeptical. Those sugar pills will do well enough for *such* folks, but they would have no effect on *me*! On a certain day, however, I chanced to fall sick. If a person is prone to any given physical infirmity, none can tell more quickly than he when relief is afforded in any given illness. I had been subject to violent attacks of diarrhœa for a quarter of a century; one overtook me there. Arsenicum album was my specific, but I had no medicine with me. Like most medical students I had no superfluous cash to disburse at the pharmacy when my instructor's cases were available, therefore I sent to the nearest professor's office for a few powders. He sent some bearing the magic letters "CC." Much to my disgust I soon found myself compelled to admit that those little pills had power even over me, and that the disorder was quelled more promptly and more effectually than ever before. I was compelled through common honesty to cease my slurs though much against my will.

But I hear one remark, "That all amounts to nothing; clinical tests are worthless; physiological tests are the only ones that can stand the requirments of science." Excellent! They are not wanting. My return to the summer course of 1870 was delayed by a desire to exercise my franchise in a closely contested election. Upon joining my mates around Malcolm Macfarlan's office table, they com-

menced telling wonderful tales of the experiences with Fincke's potencies. It seems that Dr. Hering had given Prof. Macfarlan various specimens of drugs with fanciful exponents, received by him directly from the manufacturer that he might test their efficacy. Dr. M. wisely issued suitable rations among his private students, and, instructing them as to the proper method of taking them, ordered them to report in due season the remedy issued. He meanwhile observed their objective symptoms and listened to their inter-communings, but in no instance by look or word did he impart aid. When they were ready to state the drug he demanded the name, and informed them as to the accuracy of their investigations. Rarely did any find a second attempt necessary. However, I laughed their tales to scorn, and boldly affirmed that I would eat a ton of Fincke's preparations. Dr. Macfarlan asked, "Will you really take a powder to try?" "Certainly, as many as you wish!" was my response. He promptly folded up a paper, placed therein twenty-five or thirty of the tiniest pellets I ever saw, and ordered me to dissolve them in a goblet of water and take a swallow or two every time I entered my room. I promised to carry out faithfully his instructions. On the afternoon of the next day, I began to notice an oppression of the chest and certain pains suggestive of pleurisy. These increased so rapidly, that in the evening I lost my temper, and exclaiming, I came to study medicine not to prove it, drank the remaining contents of the goblet to save it. At the same time I expressed my perfect willingness to admit Fincke's potencies have any power likely to be claimed for them. When dressing next morning, Ira B. Cushing, now of Brookline, Massachusetts, said to me, "Peck, what's the matter with your face?" "I don't know," said I (it wasn't feeling just right). "Look in the glass!" was the rejoinder. I looked, and was at once struck with its beauty: it appeared as if a myriad of ants had just breakfasted therefrom. "I don't know what that means."

I remarked, doubtingly, "I never had any eruption of that sort before." William E. Burrows, now of various locations, spoke up, "Guess that must be the medicine!" "Guess it is," I continued, "I never was this way before." I may add, I have not been that way since. Investigation of the eruption as the most characteristic symptom of the proving, showed it might have been produced by three drugs, but a careful comparison of their chest symptoms showed that but one could possibly have effected that combination.

At the noontide recitation Barrows informed the preceptor that Peck was ready to report. "What is the remedy I gave you?" said Macfarlan. "Antimonium crudum!" was the prompt reply. "Correct," said the master. He subsequently informed us it was the 30 M. The effects of the drug were manifest two or three days.

Five years earlier it was my good fortune to make another physiological experiment. I chanced to be standing on Virginia soil precisely in the direction a Johnny Reb was going to shoot, and considerably less than a hundred and fifty yards from the muzzle of his rifle. The result was a hole four inches long through the fleshy part of my side. But strange is human nature! While the results of these experiments were equally conspicuous to the beholders, and equally uncomfortable to their victim, the second statement will be accepted by all, the first but by few. For myself a single test in either direction is perfectly satisfactory. Doubters are welcome to try them both. Upon this foundation I base the use of any attenuation above the 12x; practically but in a single instance have I advanced beyond the 200.

CASE II.—On reaching home Thursday evening, September 16, 1875, immediately after my office hour (8:30 P. M.), I found an order to call at once on the wife of a horse-car conductor living on the next street. She had been partaking very freely of grapes, both on that day and the one

preceding. In the afternoon natural consequences ensued. The accumulated mass got started and rushed with increasing rapidity through the alimentary canal. The woman became frightened at the violence of the diarrhœa, and forgetting it would cease as soon as her bread-basket should be thoroughly emptied, seized a bottle of cholera mixture and took a heavy dose. It stopped the flow of the flux (*cured the disease*, as many would have us believe), but caused severe colic. Two or three doses of pain-killer followed and still the pain increased. Next, paregoric was tried with no better success; on the contrary, she was still making a bad matter worse. Finally her suffering became so intense she fell to the floor. The noise brought up the woman living down stairs, who, as soon as she learned her history, administered Jamaica Ginger, but with little benefit. This was the situation on my arrival. Having naught save my low potency pocket-case with me, I gave five drops of Nux vomica 6x on sugar and repeated the dose in five minutes. Not obtaining the desired effect as promptly as I wished, I gave half a teaspoonful of the medicine in a tablespoonful of water. Fifteen minutes elapsed before another dose was required, and then it was simply five drops on sugar. At that juncture I was called to see another patient, and accordingly left, having first poured fifteen drops of the Nux vomica into a goblet of water with directions to take two teaspoonfuls every hour, half-hour or fifteen minutes, as required. Next morning about six o'clock her husband called to inform me she had passed a very comfortable night, had slept most of the time and was all right. Subsequently, I ascertained that the next alvine discharge was entirely normal.

Comments.—But now I hear some one ask most properly: "If high potencies possess their asserted efficacy, how was it you did not have them with you when you made that visit?" Instead of directly replying, I will state some of the considerations observation has taught me prompt men

to the use of low attenuations—that is, those containing readily appreciable quantities of medicine like the 6x and below. First and chiefest of all is habit. "No reason at all!" growls some one. But stay. Suppose Richard and Saladin on the occasion of their memorable meeting had attempted to vary their exploits. If the former had attacked the cushion and the scarf with his own blade, or even with the Damascene scimeter, what would have been the result? And what impression could Saladin have made in any manner on an iron handled mace? Yet each, with his tried and trusty weapon, performed feats that ever since have excited the admiration of the world. In critical cases physicians can work most effectively with familiar tools (at other times there is no occasion for trying new), hence the armamentaria remain unchanged.

Next in importance is the influence of the preceptor or favorite professor. The novitiate, during apprenticeship, becomes the enthusiastic admirer of one or more of his masters. His or their experiences, thoughts and purposes he makes his own. Their words are law, and without question or hesitation they are made the guide of life. Most important, then, is it for our college professors carefully to see that they speak "the truth, the *whole* truth, and *nothing but* the truth," concerning their treatment of the sick—a thing that has not always been done by all of them. Now the majority of teachers of every name, for reasons that shall hereafter appear, ordinarily prescribe low attenuations. Hence the majority of our graduates have strong predelictions in that direction.

Thirdly, it may be affirmed that most graduates of allopathic colleges remain wedded to material doses. The influence of early training manifests itself through life, hence the importance of sending our recruits to homœopathic institutions. A remark once made to me by the late venerable and most esteemed Walter Williamson, "You would not send a person to Tom Paine to learn

truth!" was received with a contemptuous smile; but the many hard thumps of the last nine years have driven that idea into my head to stay forever.

It is certain, in the fourth place, that less skill is required for the manipulation of low potencies than for high. Experience in the use of these two classes of remedies, each by itself and for several months, has satisfied me of the accuracy of that statement beyond a peradventure. This arises from two circumstances: first, it is necessary to strike *just right* in the selection of a 200, while a 3x will benefit if only *about* right, a result in part of the second circumstance, which is that low attenuations may be, and often are, used allopathically—physiologically.

Fifthly, the vast majority of the lower classes, especially those of Hibernian extraction, can never be satisfied with intangible medication. They *must* have something that will thoroughly "worruk" them in some manner; if you won't give it, somebody else will. The failure of an associate in dispensary practice some years since was chiefly due to a neglect of this prejudice. In accuracy of prescribing and propriety of carriage he far excells me. We who depend for our bread and butter during our professional childhood upon the favor of such people are compelled to form habits that with difficulty must subsequently be overcome.

Sixthly, low potencies will act satisfactorily in the presence of opiates, chloral, and similar substances. Frequently patients come to our hands who have become habituated to these drugs. We cannot at once discontinue them, but while reducing their dosage may confidently resort to curative treatment. *It is possible* the same is true of high potencies, but of it I am experimentally ignorant.

Seventhly, since physicians of every name agree that certain relationships subsist between the amount of a medicament to be administered in any given instance and its curative power, it is probable that occasionally material

doses are essential to the preservation of life. Experience and observation alike confirm this position.

Lastly, mental organizations differ so radically in nature that homœopathic practitioners inevitably resolve themselves into two classes—symptomatical and pathological prescribers. The former excels in the selection of the remedy, the latter in the diagnosis of diseases. Very few are so exquisitely fashioned as harmoniously to blend these diverse traits and present the perfect physician. The former are prone to neglect the totality of the symptoms which involves a knowledge of pathological conditions and permit their attention to be diverted by some peculiar symptom which may or may not be important or characteristic. The latter are at a loss to differentiate between the dozen or twenty drugs capable of producing in general outline the phenomena before them. The former ordinarily use the higher attenuations, the latter the lower. It may safely be affirmed that the extent and accuracy of a physician's knowledge of Materia Medica are ordinarily indexed by the potencies habitually employed. Yet the quantity and quality of brain-work essential to success in either direction is identical. How often any one or all of these considerations influence my prescriptions my critics may judge.*

CASE III.—When the Rhode Island Homœopathic Dispensary was located on North Main street, and I was one of the two attending physicians, one of its frequenters remarked: "Doctor, I want you to give me some medicine for my old man. He don't eat much of anything now; is never

*For the information of said critics, I will state that I habitually employ a dozen tinctures and crude drugs, perhaps four 1x, about a hundred 2x to 6x, according to the nature of the remedy, a few 12x, 15x and 30x, with say seventy-five 200. In only three or four instances have I ventured higher. My office cabinets contain about two hundred and fifty remedies each in very low potencies and in 200. March 29, 1886.

hungry, and wants something for his appetite." "I don't know your old man," was my reply. "If he wants any medicine let him come here and get it." "Oh! he don't believe in doctors, anyway, but he thought that may be you might send up a little something to help him." I hesitated a moment, and then, bethinking of a remark I once heard Dr. Hering make, "Hydrastis is the only pure tonic in the homœopathic Materia Medica," turned to my 200 case, which I was then using exclusively. With characteristic little pills taken from a vial labelled Hydrastis canadensis and a little sugar of milk I made up half a dozen powders, and told her to dissolve them successively in half glasses of water and give the old man two teaspoonfulls every two hours. Now, said I to myself as she departed, here is a first-rate chance to test Dr. Hering's veracity and the efficacy of high potencies. I have given a "tonic" "high" to a man who distrusts doctors, knows nothing of homœopathic medicine, and has no faith in anybody or anything here or hereafter. The next week the woman returned with beaming countenance. "Oh, doctor! I've never had such a week. My old man has almost cleand the house of victuals! I can't find time to cook all he wants. He says he never saw any medicine like that, and won't you send him a few more powders to make it sure?" I never heard of his complaining more, until I finally lost sight of the family a year or two afterwards.

Comments.—This case may be termed an illustration of "sharp-shooting"—I classify it as a chance shot. When I gave the woman the powder I did not have any particular idea of witnessing benefit from it. I gave the 200 because I had nothing lower. After she departed I laughed over the matter as being something of a joke! Hence, it was neither my faith nor the old man's that effected the cure; it *must* have been the old woman's! I have heard that it is good for a man to be married—but I don't know. However, two strong arguments may be advanced for the em-

ployment of high attenuations. First, the desirability of administering just as little medicine as possible (that is, as little as is necessary promptly to restore a patient to health), and second, it is certain that in a large proportion of cases (I am not prepared to say in most cases) high potencies act more promptly and more effectually than low. The portrait of a lady appears now before me who might have been living (in my opinion) if I had commenced treating her with high potencies. This conclusion was forced upon me most unpleasantly during the progress of her disorder, by watching the effects of medicaments administered. Some other names on my death-list have occasioned considerable thought also. But it is among my convalescents I find the most convincing testimony. Victims of recurrent attacks have been treated with high potencies and also with low; in certain instances I have been obliged to discontinue the latter and return to the former (the drug being unchanged) before the slightest amelioration of symptoms could be discovered.

"Hear, then, the conclusion of the whole matter." Since it is impossible for material doses of medicine to reach conditions perfectly controlled by "dynamized" preparations, and since valuable lives have been lost through persistent refusal to employ "appreciable" remedies, it becomes all to adopt *practicalty* the principle held by all men theoretically—that the quantity of the drug has some relation to the effect of the dose—and not to imagine that because one preparation or class of preparations have failed to give relief therefore all others are inefficacious. The unwritten more emphatically than the written history of Homœopathy declares this lesson: When members of either wing have so perfected themselves in the manipulation of their respective armamentaria that they make out death certificates for old age and accident exclusively, it will be sufficiently soon for me to give a blind adhesion to that party.

CASE IV.—Early in the summer of 1876, I was sum-

moned to attend Miss C—, the eldest child of a brass moulder. On entering the sick-chamber I was surprised and—yes, gratified to see as pretty and attractive a picture as can be found in such a place. Reclining upon a bed covered with choice specimens of her handiwork was a young lady 18 years of age in apparent health. Her plump cheeks served to display conspicuously an exquisite blending of the lily and carnation, while her dimpled hands of velvet touch, in their perfect contour, could find few rivals among the fairest. A sunny smile bound the visitant's heart at first sight, and her gentle but cheerful accents simply riveted the chain. And yet she was a most pitiable object. She could neither sit erect without support (and scarcely with), nor straighten either of her lower extremities. Besides, she must take her regular allowance of morphine or she would writhe in agony; the doors of hope for recovery seemed well-nigh closed against her.

Her history in brief is this: She had loved, not wisely, but too well! In more detail, she first menstruated at the age of fourteen. She then passed nine months and immediately after, three months. Most of this time she was under the care of the late Dr. Chas. P. Loring, who succeeded in establishing a sort of regularity varying from six weeks to two months. During the spring of 1875, being then 17 years of age she became possessed of an acknowledged lover with whom it seems she was too familiar. She was not sick in June. Her mother noticing the omission asked if she had not got cold from wetting her feet but she said she guessed not and coaxed the parent to let her visit a relative in Fall River. She left home in apparent health. Her fellow accompanied her to the boat and handed her on parting a 2 oz. bottle containing a pale liquid. She at once commenced taking the drug and ere long wrote home that she was "so sick." She became so ill as scarcely to be able to fulfill her month's visit and before the end

of August returned home scarcely able to drag one foot after the other. She was at once put to bed and did not leave it for nearly two years, without assistance. She subsequently stated that the liquid had a smooth, pleasant taste, that on reaching the stomach it caused something of a burning sensation which seemed to radiate thence toward the extremities, particularly to the lower, that she began to lose power over herself first noticeable when rising from a chair and that meanwhile she became exceedingly nervous, so much so that she feared insanity might ensue. She sometimes said that it seemed as if it burned the very soul out of her. All this however, she kept to herself for months. No information was imparted to Dr. Loring who was at once summoned; he simply knew she had failed to come round and there was nothing in her appearance to excite suspicion. Matters dragged along unsatisfactorily until the first of November when he said he had decided to make an examination and then if necessary call Dr. Hall (Robert) in consultation. Miss C. remonstrated as she often had before, but now Dr. L. was firm. He was not occupied fifteen seconds; when he left the bedside his countenance bore the most begruntled expression imaginable. She was asked, "Are you going for Dr. Hall?" "No! I am going to make some calls for a couple of hours and then I'll be back." On his retrun he asked Mrs. C. if her daughter had told her anything. She said she had not. Then the Doctor told the daughter she must tell her mother the cause of all this trouble for he could not. But Miss C. gave a single scream and lapsed into unconciousness. Under the light of the new revelation Dr. L's treatment was more successful, and rapid improvement was noted. Finally at six o'clock in the morning of Feb. 9, 1886, the child was born, Dr. Loring having been in constant attendance since the preceding noon. She was taken like a person fainting or dying and the pains seemed like a general distress pervading the whole system. The child, for aught

I know now living, was very small, so too was the placenta which was the color and consistency of whip leather. The calibre of the cord was that of a common lead pencil. Next day inflammation set in followed by pelvic cellulitis. Purulent discharges continued for six weeks from three orifices symmetrically disposed immediately superior to the pubes. The pain at the outset was simply excruciating and necessitated the use of Morphine. At times it seemed as if she could not possibly survive to the setting sun. Meanwhile Dr. Loring succumbed to the ravages of diphtheria and Dr. Hall, who had seen the case two or three times in council, assumed charge. His efforts, seconded by the suggestions of Drs. Avery B. Foster and George D. Wilcox, were crowned with success; the progress of the disease was checked, extreme inflammation subdued and all abscesses healed. Naught remained but to continue the good work and remove the effects of the violent inflammation. At this stage Dr. Hall took his summer vacation, and after a week's interval I was summoned as physician *ad interim*. Somehow—possibly because I was young and handsome—she took a fancy to me and I remained her medical adviser so long as she resided in the city, that is until April 1884. I generally am strictly punctillious in the matter of stealing other physicians' patients but in this case, as none of her attendants ever received a nickel for their services, I felt there was little occasion for scruple and, as I expected, Dr. Hall was only too glad honorably to free himself from the responsibility. Her residence was at the opposite end of the city from his, while I might pass and repass her door each time I visited my office without going out of my way.

Having taken a week to acquaint myself with Miss C's condition, I determined the first thing in order was to break off the morphine. I accordingly reduced her allowance slowly and gradually until she took but an appreciable amount—a very small fraction of a grain. Unfortunately just when I fancied the lapse of two or three days more

would permit me to discontinue the drug entirely, her nervous system started on a rampage. Comparatively rapidly, but still gradually, I found myself obliged to increase my dosage so that finally I gave about twenty grains a day, and that afforded only tolerable comfort. Two grains were given hypodermically three times a day as nearly as possible; every hour she took one-half grain *per orem*, and as the times of my visits drew near this interval was diminished so that she made sure of fourteen grains in the twenty-four hours. You may well believe I trembled as I gave these heavy hypodermic doses. I knew the end must come sometime, but when and how? Ah! those were secrets of the future. Still I had no scruples concerning the course I was pursuing. The comfort of my patient was my only law, and I recognize (under certain circumstances) no higher. Finally, on the third day of this dosing as the 10 P. M. hypodermic entered the circulation, a change came over the features. I thought surely I had killed her. I did not leave the bed-side for an hour and a half, and I spent the balance of the night on a lounge in the parlor. She did not require any more morphine in three days. Then I most egregiously blundered. I wanted to give her enough Nux vomica to accomplish a certain purpose—just what, escapes me now. I did not think the 200 would prove efficient; I felt the 2x would excite the nervous system. I thought 6x would be about right. But I was more than a quarter of a mile from my office, and a physician cannot be expected to carry all attenuations with him. Therefore, after considerable hesitation and with great reluctance, I poured four or five drops of 2x into two-thirds of a glass of water. The result was that anticipated; I overdid my work; the nerves commenced dancing and down went the morphine, though in very small doses.

During the autumn and winter of 1876–77 Miss C. continued in a comparatively comfortable condition. She gave occasional parlor fairs which were always well patronized,

and her friends remained almost countless. Meanwhile I became satisfied that hospital treatment was necessary to break up the opium habit, no less than the contraction of her limbs. One day she asked what I thought of her going to the New England Hospital for Women in Boston. I promptly told her it would be just the place for her, if she did not stay too long. If she would go and get her bad habit broken off and her limbs straightened I would fix her up, but if she stayed too long she would break down under the heavy dosing. She went and stayed from April 1 to November 1, one month longer than I wished, though for part of the time I was personally responsible for her board. She went down resting horizontally on pillows in a box so closely resembling a coffin that it was currently reported one was used for her transportation; she came back sitting in a rocking chair, but unable to support her head save as it rested on the chair-back. The benefits were all secured in six months, during the seventh her condition retrograded. Had she taken all the medicine prescribed she probably would never have returned. Strange, people will not understand it does not take a sledge hammer nor even a tack hammer to mend a watch. One-half the death certificates made out by allopathic physicians for causes other than consumption, cancer, and perhaps one or two others, would more properly read—excessive drugging. It should also be mentioned that the first attempt to break up the opium habit was as successful as mine. About a week previous to her return home the entire hospital staff held a consultation over Miss C. After thorough investigation and prolonged deliberation they informed her that she never would walk again. I subsequently told her that if she had remained there the prophecy would have proved true, but she must not be discouraged yet; freed from the bondage of drugs there was a fine opportunity to see what can be done when medicines have a fair chance to work. The task was long, and with many patients would have been tedious,

but by dint of a judicious combination of faridization with the indicated remedies, chiefly Aconitum 200 and Nux vomica 200, she obtained sufficient control of herself within six months—that is in the spring of 1878—that I could carry her to ride twice or thrice a week. This was no slight undertaking, for at first she was carried up and down stairs to the buggy in a rocking chair, and I had to lift her first to the floor and then step around, enter the carriage on the other side, and thus drag her up to the seat. But the fresh air was good for her! By September she could walk around the house, and in 1879 could step off as briskly as anybody.

When in the hospital Miss C. made hosts of friends among the patients as well as among the visitants. One of the former—a young mother— offered her a fine situation in Boston as nurse to her little children. The climate before long, however, exhibited its wanted power and Miss C. had two severe attacks of pneumonia which compelled a relinguishment of the position. After her return to this city she had occasional slight attacks with unsatisfactory regularity, and I began to fear each time that the next would be her last. About the last of March 1884, however, having years before procured a bill from the first husband, she was married to an Albany gentleman and at once removed thither. Soon after her pneumonia recured, the attending physician failed entirely to perceive the gravity of her case, snd she died after less than a week's illness, on May 9th. Her remains were brought home and she was buried precisely six weeks from her wedding day.

She brought me more patients than any half dozen others I ever attended.

DULCAMARA.—Mrs. S. E. Jacobi, M. D., reports the following: "Doctor, why is it that every month before I am unwell I have a rash like mosquito stings all over the body especially if I get warm. I am compelled to sit where it is cold." Dulcamara 30th, two doses, followed by Sac. lac. promptly relieved. No more rash to date.

CLINICAL MEDICINE.

HOW I BECAME A HOMŒOPATH.

F. EHRMAN, M. D., Cincinnati, O.

CASE I. About fifty years ago I made my first homœopathic prescription. The case was an obstinate one and the result was speedy and gratifying both to the patient and to myself.

Mrs. A—, aged thirty-five years, had been suffering with inflammatory rheumatism and was attended by an allopathic physician for some time without benefit, until he gave up the case. When I was called the patient was a pitiable sight indeed; she could neither speak nor move a finger. According to her relatives, the pain would move from joint to joint. I considered it a case of Arthritis Vaga. After consulting my repertory I found that Pulsatilla was the indicated remedy. I gave one dose of this remedy, Pulstilla 30, by olfaction about 7 o'clock in the evening. In less than ten minutes afterward she was able to speak, and said she could feel the effects of the medicine over the entire body. In a short time she was able to move her fingers. From that very moment she began to get better. One dose more of Pulstilla was given in the same manner about a week after the first dose. She was soon able to attend to her domestic duties, but one dose of Sulphur 30 was thought proper to complete the cure. This case made me a believer in Homœopathy.

CASE II. Mrs. L—, middle aged, phlegmatic constitution. Was called to visit her and found her suffering with strangury for which she had taken several medicines according to directions found in Dr. Pulte's Domestic Physician. She informed me that these attacks always commence with a kind of gastralgia and then change to strangury. The symptoms are very acute, and she suffers severely, which is relieved somewhat by setting over hot water. For the above

symptoms I prescribed Magnesia phosphorica 12; two doses only were required to relieve her, but a few days after, being still troubled with frequent desire to urinate attended with burning, I selected Kali mur. 12; a few doses cured her. Some years after she had a return of the gastralgia with the following strangury. The same remedies were prescribed and relieved her promptly again. She requested me to inform my successor of the remedies I had used in effecting so speedy a cure in her case.

CASE III. Miss W—, occupation teacher, aged twenty-two years, rather plethoric for her age, is troubled either with gastralgia or painful swelling of the nape of the neck. Belladonna 200, two doses, relieved the pain and swelling in the neck. A few weeks after I gave a few doses of Calc-carea cm [F.] partly on account of her corpulency, which cured her entirely, and much to her delight the super-abundant adipose tissue was reduced some fifteen pounds in four or five weeks after.

DIABETES MELLITIS.

JOHN F. MILLER, M. D., New York.

May 9, 1877. Mrs. W———, aged 55 years. Involuntary urination, on stooping or walking. Acrid leucorrhœa. Sandy sediment in urine. Pain in sacrum. Psoriasis palmaris. Pruritis vulva. Acidity; flatulence. Vertigo on going down. Neuralgic pain from right side of neck up over the right ear and right eye down right side of nose. Frequent micturition. Pressure at epigastrium. Eructations; empty weak feeling at pit of stomach. Ringing, singing, roaring in ears. Snapping in head; head light, dizzy on looking up. Pruritis better by applications of cold water. Head confused. Eczematous eruption on vulva and about anus. Stinging nodules under the skin about pudenda. The above symptoms were partially relieved by Sulphur, Lycopodium, Sepia, etc., during almost four years. The

patient had complained of thirst more or less during most of the time.

March, 1881. The thirst increased and became constant and intense. The pruritis that had been relieved somewhat at times, became very distressing, preventing sleep. The eruption extended to above the pubes, down the thighs, and around nates; a raw, easily bleeding, denuded, burning surface. Frequent and profuse urination. Head hollow. Constipation; stools, small balls. The quantity of urine passed was about four quarts in twenty-four hours. Specific gravity 1040. The usual test found sugar in large quantity.

April 5. The patient received Tarantula cm, one dose.

April 19. Snapping in head. Thirst, less constant. Itching less, but still distressing. Sac. lac.

May 10. Constipation; stools, like bullets. Urine, three quarts. Specific gravity 1034. Itching worse. Tarantula cm, five doses, one every night.

May 17. Itching and thirst better. Urine two and one-half quarts. Specific gravity 1028. Sac. lac.

June 7. Two quarts urine. Specific gravity 1028. Head, light. Thirst. Tarantula cm, five doses, one every night.

June 21. Head, light. Itching intolerable. Specific gravity 1025. Urine passed, one and one-half quarts. Sac. lac.

August 30. Specific gravity 1030. Head, light. Tarantula cm, one dose.

October 12. Specific gravity 1033. Headache and snapping in head. Thirst. Tarantula, five doses.

December 11. Thirst comes on at 10 A. M. Tarantula cm, five doses.

January 9, 1882. Tarantula cm, five doses.

January 19. Involuntary urination. Head, hollow. Thirst, at 10 A. M. Tarantula cm, in water, every three hours until six doses are taken.

January 24. Head confused, light. Urine, one and one-half quarts. Specific gravity 1022.

March 13, 1883. Urine, two quarts. Specific gravity 1022. Dribbling of urine on walking. No itching or thirst. Sac. lac.

May 28. Itching. Tarantula cm, one dose.

November 30. Pain in upper left arm and shoulder. Abdomen distended. Pain in occiput on awaking. Head, light. Snapping in head. Lycopodium cm, one dose.

June 10, 1884. Abdomen enlarged, ascites. An allopathic physician diagnosed ovarian tumor and urged an immediate operation. Faint epigastrium. Head, light. Brown urine. Empty eructations. Phosphorus cm, one dose.

July 24. Better, generally. Sac. lac.

August 23. Red sand in urine. Light head. Sac. lac.

September 11. Red sand. Light head. Phosphorus mm., one dose.

October 4. Red sand. Head, light. Abdomen does not increase. Sac. lac.

October 20. Urine brown. Head, light. Empty eructations. Phosphorus mm., one dose.

November 11. Weak epigastrium; red sand; brown urine. Phosphorus mm., one dose.

December 8. All symptoms better for a time; now same. Phosphorus mm., one dose.

January 9, 1885. Not so much ascites; other symptoms same. Phosphorus mm., one dose.

June 10. The abdomen still somewhat enlarged. Has had no symptoms of diabetes for two years. The specific gravity and quantity of urine normal. The pruritis and eczema all gone.

This lady has had the care of a sick husband for the last three years, who died of cancer of the face a few weeks ago. The last six months of his distresing disease, she was his devoted nurse, attending to his wants day and night. Still there has been no return of the disease.

LYCOPODIUM CONSTIPATION.

EDWARD RUSHMORE, M. D., Plainfield, N. J.

CASE I.—Miss K— age about 50, has been constipated all her life; she goes many months together with only one stool a week, and sometimes goes twelve days without a stool, to procure which a cathartic is now always necessary. There is no relish for food; sometimes distention after eating sweet things which she avoids. The urine is acid. Having had so much recent drugging, she received at once one dose of Nux vomica 94m (Fincke) and as she lived far from me one dose of Lycopodium cm. (Fincke) to take in three days. In ten days she reported that she had had one natural stool, and ineffectual desire twice, which was relieved by simple enemata; but she felt generally better and more energetic. She received no medicine. Ten days later she reported that the bowels had acted naturally for six days and then there had been three days without stool. She received another dose of Lycopodium, this time the cm. of Dr. Skinner's preparation, and from that time had regular stools and needed no more medicine for seven months. Then she became debilitated at the Amherst school of languages, took cold and had some constipation, which Lycopodium quickly relieved. Once later she needed the same remedy. I have good reason to believe that she has been free from the trouble for the last sixteen months.

VERATRUM ALBUM.

CASE II—In the summer of 1881 I was called to see Miss A— who was about 45 years old. She had been confined to her bed for seven years, only once in that time attempting, but unsuccessfully to stand. She had almost constant headache, with bilious vomiting and extreme sensitiveness to noise. There has been no natural stool in these seven years, an enema being always necessary except rarely, when suffering from diarrhœa in summer. There was almost

constant coldness at the vertex. She received a single dose of Veratrum album c.m. (Fincke). There was soon decided improvement in all respects; in a few days the bowels began to move naturally, the headaches became less frequent and severe and her strength increased. She received no more medicine for several weeks; the constipation was cured with the single dose. In a few weeks she began to walk and after some months was able to take her place as an active member of the family. Other remedies were needed to carry on the cure which is now almost complete, an occasional transient but lessening morning headache alone remaining.

ACUTE BRONCHITIS.—CAPILLARY BRONCHITIS IN YOUNG CHILDREN.

J. A. BIEGLER, M. D., Rochester, N. Y.

This disease when occurring under favorable circumstances, viz., in an otherwise healthy person, and at a time beyond the period of infancy, or not in advanced age, is not dangerous; but when it takes place in infancy in a constitution impaired by a dyscrasia, and therefore readily a subject of catarrhal affections from the beginning to the end of the mucous lining tract, it may then and not unfrequently does become a formidable disease. Aside from the congenital disease, the gravity of an attack is due to physical causes, or conditions, such as the smallness or narrowness of the minor bronchi, which often become completely closed to the entrance of air into the air cells, in consequence of the swelling and the accumulation of mucus produced by the acute disease, constituting a state of collapse of the pulmonary lobules. The disease does not usually progress rapidly to this most severe state, and yet, notwithstanding, it is not a rare occurrence for it to develop suddenly from a simple catarrh, or from an unexpected relapse when the patient is not regarded in danger, and

then advance at once to this dangerous, or generally fatal state. A history of the disease would lead into the consideration of co-existing states or conditions, with this, and which would be foreign to the intention of this paper. My purpose now is to illustrate the result of curative remedies, which we obtain by giving them in accordance with the law of cure, as given to us by Hahnemann, the master, in contrast to another plan given by the masters of the art of naming and dividing disease into hair-splitting exactness, and who build in their imagination their theories upon which they base their practice by what they see in death (pathology) and not by the manifestations of disease in life. As we have a higher purpose in coming together, we can leave the study of the pathology of the disease to the young student, to whom it is necessary, or to the scientific builders of theories and of their own practice, and their mimickers, the gentlemen of another sect, who plume themselves with the honorable title of homœopathists.

As an example of the triumphant power of remedies in disease, when selected according to the law of cure, the following case is given: Child of J. M. D——, aged eleven months, of a scrofulous cachexia, which is manifested in the mother by way of diseased glands, especially the liver, producing in her a state of leucæmia. Was called Nov. 17th, 1884, to see the child, who two or three days previous had taken cold by exposure to a draught of an open window, producing a catarrh of the head.

On this morning the child was uneasy, especially so with head low, and when carried the head must be up on the mother's shoulders. The cough was dry and painful, and the respiration short. On examining the chest, there was in portions of both lungs a dry bronchial sound. Aconite was given in three doses, six hours apart. The child became immediately better and remained so until the 24th, a week later, when I was called again. This time the case was severe, and the cause for it I have never ascertained,

and can only believe that the child was *not cured* in the first instance; that Aconite temporarily arrested the disease; so, also, the exposure to draught in the first, and it may have been so in the second attack, was only the exciting cause, and that the real disease, the constitutional dyscrasia, had yet to be met.

Again the child could not lie with the head low, but had to be carried in an upright position. The respiration was frequent and labored, with *fan-like motion of the alæ nasi, and up and down movement of the larynx.* On placing the ear on the chest, there was no respiratory sound to be heard, nothing but mucous râles. I did not stop to go through the scientific farce of minute ausculation and percussion of the chest, to convince the mother in the event of death that everything had been done, but gave at once a dose of Lycopodium cm. (Swan), and said good morning, well knowing that I could trust to the firmness of the parents in not meddling in any way, for they had several times experienced the benefit of pure homœopathy in other trying circumstances. And now I have but a short story to tell, of what took place afterward. The dose of Lycopodium was given at 11 A. M.; at 2 P. M. the child is sinking and appears to be dying; there is icy coldness of the hands and feet, the short labored breathing is even worse, the fan-like motion of the wings of the nose continues, also the up and down motion of the larynx. At 3 P. M. reaction appears, which is followed by fever, and at 4 P. M. the fever is very high. At 9 o'clock the child is bolstered up in the cradle, is playful and laughing. During the time described the dose is not repeated, and no other remedy given then, or subsequently during recovery; I did not even call to see the child again, but the mother called daily for several days, and reported continuous improvement, but also, an afternoon aggravation at 4 o'clock, which became less marked day by day, until it ceased altogether. This child has received but two doses of medicine since

that time, Sulphur in the course of the next month, December, and a dose of Calcarea carb. a few days ago. It is to-day as healthy a child as it is possible to produce anywhere.

HEART DISEASE CURED BY GELSEMIUM.

E. W. BERRIDGE, M. D., London, England.

November 10, 1881. Miss E. B.——, æt. 30. Since age of seventeen has had heart attacks brought on by any mental excitement or bodily fatigue, and especially by any depressing emotion. The first symptom is a throbbing pain at heart going through to back; afterwards a tight pain there extending to left axilla, with stiffness in left arm and pain in left axilla on moving left arm; this last symptom generally continues a few days. When the attacks come on the heart feels as if it would stop, with suffocative feeling so that she cannot lie down; she feels then as if she must walk continually till tired out, which relieves the dyspnœa and heart pains; she feels as if the heart would stop if she did not move about. There is also palpitation and throbbing all over her, which walking relieves. The attack ends in liquid vomiting and diarrhœa. If she can cry she feels better. She has had four attacks in the last four weeks; very little excitement, even recitation, brings them on now. Usually has a second slighter attack the day following the first. During the attacks, the back of left hand and tops of left fingers turn purple in streaks. For the last five years has always had an attack after the autumn examination at her school; this has been worse since her mother's death, three years ago. She has been under the treatment of an allopath, and also of two *pseudo*-homœopaths, one of whom gave her *Laudanum*, but without benefit. Thus is Homœopathy discredited and disgraced in the eyes of the allopaths by its *pretended* adherents.

Diagnosis of the Remedy.—In Dr. E. M. Hale's *Therapeutics of the New Remedies*, fifth edition, p. 317, a new symptom* of *Gelsemium* is given from a case of dangerous poisoning; "a feeling as if the heart would stop beating if she did not move about;" clinical verification of which has appeared in an American journal. No other remedy is as yet known to possess this symptom. In addition to this keynote, *Gelsemium* also has characteristically "aggravation from excitement or from depressing emotions." It has also the *similar* symptoms "throbbing of the pulse through the whole body;" "shocks at the heart with heavy breathing;" "stinging through left lower side of chest into left scapula, at the same time irregular beating of the heart, with dyspnœa." Therefore, though all the symptoms are not as yet given in the pathogenesis of *Gelsemium*, which is not fully proved, I decided on this remedy as the *simillimum*; and at 2 P. M. (the feeling of suffocation and stoppage of heart which had prevented her from lying down in the night having now passed off) I gave her *Gelsemium* 200, in water, every three hours.

November 11.—Soon after the first dose she felt quieter and slept. In about four hours after first dose the throbbing all over body ceased, and she felt better. Slept well. To-day she feels much better; no throbbing, sickness, or diarrhœa, but the tight pain still remains. The usual second attack has not come on. *Gelsemium* cm. (Swan) night and morning for six days.

June 24, 1882.—Has had many excitements since last report, but has had no attack except in February, and this was so much less severe that she did not apply for treatment. She has remained quite well ever since till the last fortnight, previous to which she had been studying for a

* The symptom was published here subsequent to the publication of Allen's Encyclopædia, Vol. IV., and hence could not be incorporated; but in the second edition of Hale (1867) there are several symptoms of *Gelsemium*, which seem to be omitted by Allen.

Scripture examination at her school; this has brought on, for the last fortnight, the premonitory symptoms of an attack—viz., loss of appetite, nausea, a little diarrhœa varied with costiveness, slight pain in heart at times, suffocative feeling at times, increased by any one coming near her, feeling that she must walk about else something would happen. But she is not so bad now as she used to be, and has been much more free from attacks since taking the medicine. *Gelsemium* 1m. (F. C.) three times a day.

June 26.—Took two doses on 24th. On 25th woke at 3 A. M. with palpitation, nausea, sickness, coldness and shivering, but no dyspnœa, and the palpitation was only slight; the attack lasted about four hours. Took another dose at 6:30 A. M., and about 7 A. M. fell asleep. In this attack there was no diarrhœa nor feeling of stoppage of heart, only a little tight pain in heart and stiffness in left arm, which remains stiff to-day. The symptoms which she has had for the last two weeks have generally led to a very bad attack, but this was much less severe than usual.

Gelsemium 1m. (F. C.) night and morning for four days.

June 30.—Improved decidedly on 27th, losing the tiredness and pain in arm. Feels very well.

Gelsemium 1m. (F. C.) twice a day for seven days.

July 22.—Reports that she took two doses daily for five days; then two on July 8th, and two to-day. No return of heart symptoms.

August 26.—The autumn examination, which she always dreads, is coming on next week. Feels restless day and night; must walk out to get rid of thoughts of the examination; her sleep is disturbed by these thoughts. A little palpitation to-day, and a little suffocative feeling at the close of the day's tuition.

Gelsemium 1m. (F. C.) three times a day for six days.

October 18.—Went through the school examination without an attack, and has had none since, though she recited last evening. I gave her *Gelsemium* MM. (Fincke) to take only if needed.

January 10, 1883.—Writes that her sister was married on December 23rd, which had necessitated two or three days of unusual labor and anxiety, and she had also been anxious about the school recitations. The result was that the great mental excitement caused a sleepless night, followed by feeling of great exhaustion on rising next morning (23rd), together with nausea and aversion to food. She made an effort to shake the feeling off, but it returned continually during the day till 3 P. M., when (the excitement being over) it returned with vomiting of frothy water, numbness in hands and feet, great restlessness, could neither sit nor lie down, dread of becoming unconscious, and felt she would faint if she lay down; did not feel inclined to cry. She mixed the powder of MM. in water and took a dose at 3 P. M.; in half an hour she was able to sit still, though the numbness continued. After second dose, at 5:30 P. M., was able to take a little nourishment and to lie down. After third dose, at 7:30 P. M., the numbness went off, but the nausea and aversion to food lasted till December 28.

March.—At the end of last month took a dose of the last potency for a threatened attack, which was thereby averted.

October.—Has gone through the school examination, and has been also previously exposed to much worry, but has had no attack.

Comments.—(1) Here again we see illustrated the value of keynotes or characteristic symptoms. The sensation as if the heart would stop except when moving about belongs only to *Gelsemium*. This alone would not necessarily have been a sufficient indication. Had all the other symptoms been of a vague and general character, then, indeed this keynote alone would have decided the selection, as such general symptoms are common to nearly every well-proved remedy, and hence have little or no diagnostic value in therapeutics, whatever they may have in pathology. In the present case, however, there were other characteristic symptoms not as yet found under *Gelsemium*. But on examin-

ing these symptoms they were found to belong to several medicines, and were hence less characteristic than the above-named heart symptom, which belonged only to one. This, added to the fact that *Gelsemium* did fairly correspond to many of the other symptoms, and especially to the "aggravation from depressing emotions or excitement," decided the choice.

(2) Here, again, we find the value of analogy. *Gelsemium* has not as yet produced any heart symptoms aggravated by any mental disturbance; but it has produced "diarrhœa, renewed by exciting news," which symptom has been verified and developed clinically into "diarrhœa from sudden depressing emotions, fright, grief, bad news, excitement," (see Bell's *Repertory*). The above case shows that these conditions have a still wider sphere, which may yet be extended even further. It should never be forgotten that a condition is by no means necessarily confined to the special symptom to which it is conjoined in the provings; it may equally belong to other symptoms of the same organ, or to similar symptoms in other organs, or it may even be nearly, if not quite universal. Hence the need of carefully observed and verified clinical symptoms to fill up the gaps in the pathogenesis of our medicines, and at the same time a collective arrangement of the same both in our Materia Medica and our Repertories, such as is given in Hering's *Guiding Symptoms* and Lippe's *Repertory*.

(3) Clinical cases frequently show that the remedy has cured symptoms not as yet found in the provings. These cured symptoms are often of great value, but they require verification before they can be fully accepted. It is possible that the remedy may be capable of producing these very symptoms, and so has removed them by a true homœopathic action; but, on the other hand, it is possible that the chain having been broken by the direct action of the remedy on those symptoms to which it is homœopathic, the other symptoms may disappear of themselves by the unaided

efforts of the now liberated vital process of the organism. Such clinical symptoms, before they can be implicitly relied on, must be cured on several occasions and in different combinations. The relief from weeping noticed in the above case is a new and important symptom which requires further verification. It is also found under *Digitalis, Graphites, Ignatia, Lycopodium, Phosphorus.*

(4) The repetition of the dose is also illustrated in this case. Some cases, chronic or acute, may be cured by a single dose; others require a repetition of the dose at longer or shorter intervals. The cases which require a repetition are—first, those to which no absolutely perfect *simillimum* can be found; and, secondly, those in which disturbing external conditions are continually tending to keep up the disease. In these cases the full action of the medicine is thwarted—first, by the existence of collateral symptoms to which it is not fully adapted; and, secondly, by the persistence of the exciting cause.

(5) The question of potency (quite distinct from that of the dose, though often confounded with it) also is elucidated here. There are some who deny all action in the higher potencies; what can they say to such a case as this? Can they seriously insinuate that it was only a natural recovery, when the patient had suffered for thirteen years, and was getting worse?

Pseudo-homœopaths, in order to justify their departures from Homœopathy, are continually prating that Hahnemann gives us no rules for the selection of the potency and the dose; but had they read his great work, the *Organon*, and its continuation, the *Chronic Diseases*, they would have known that not only does he describe how the action of a remedy is often interrupted by the unfavorable surroundings of a patient, but he clearly enunciates this rule—*The more homœopathic the remedy the higher the potency and the smaller the dose.* Hence the degree of dynamization of the remedies that the physician habitually employs is a

good criterion of his accuracy in the selection of the *similimum.*

ECZEMA ANI.

T. S. HOYNE, M. D., Chicago, Ill.

Eczema is a trying disease to both patient and physican, but the most troublesome and annoying form of it is certainly eczema of the anus. It is not only vexatious on account of the intense itching and burning which nearly drives the sufferer crazy, but is also disgusting to every one who loves to keep his person and clothes clean. The discharge in this situation not only stains and stiffens the linen, but possesses an unpleasant odor as a rule. The determination not to scratch the parts can, in a person with strong will, be faithfully carried out during the waking hours, but during sleep, when he is partly unconscious, the eruption is apt to be unmercifully torn with subsequent aggravation of the symptoms. The itching is usually much worse at night after retiring, seemingly aggravated by the warmth of the bed. It is utterly impossible to avoid soiling the linen both day and night unless the parts are properly protected by absorbent cotton or patent lint. It is rather a difficult matter, however, for the patient thus to shield himself during his waking and sleeping hours without some instruction from his medical adviser.

Relapses are very frequent from the least error in diet, from exposure to cold and wet, etc., etc. I remember one case in which every time the patient ate cheese a relapse was sure to occur. Excessive smoking is often an exciting cause. Friction of the clothing aggravates the disease as well as occasions it in the first instance.

The internal treatment is as important as the local measures taken for the relief of the distressing symptoms, and the physician sometimes wears out his patience before the patient recovers.

According to Allen's Materia Medica, there are one hundred remedies which produce itching of the anus, and only four which cause eruptions about this part. Hence, it would be an easy matter to select the curative agent if this was true; but unfortunately it is not, and we must look among the hundred for the proper remedy. The hundred are all valuable, but the most important in our estimation and experience are Graphites, Lycopodium, Mercurius, Natrum mur, Nitric Acid, Phosphoric Acid and Rhus tox.

Only the main indications for each of these remedies will be given.

Graphites. In blonde, fat persons with obstinate constipation and scant perspiration; great soreness of the skin after scratching; takes cold easily; slight moisture from the parts; every injury tends to suppurate. Aggravation in the evening, in-doors, from cold, from a draught of air; amelioration when at rest and in the open air.

Lycopodium. Itching with bleeding after scratching; biting and itching when becoming warm; offensive discharge; constipation; red sand in the urine; bloating after eating; a few mouthfuls satisfy him. Aggravation from 4 to 8 P. M. from getting heated, from wet poultices. Amelioration from cold air, and from uncovering the parts.

Mercurius sol. Voluptuous itching about the anus and prepuce; great smarting after scratching; persons who perspire easily and are not thereby relieved; nervousness and sleeplessness; acrid diarrhœa from time to time, with pain in the bowels and tenesmus. Aggravation at night, after getting warm in bed, in cold damp weather, or after scratching; amelioration in the morning after getting up.

Natrum mur. Sad, despondent persons with a great longing for salt; corrosive discharge from the eruption; great rawness and soreness of the skin, smarting; borders of the eyelids raw and ulcerated. Aggravation in the forenoon about 10 or 11; from exercise and warmth in general. Amelioration from lying down.

Nitric Acid. After the abuse of mercurial ointment; long-lasting pain in the rectum after stool; itching, bothersome mostly at night; chronic swelling of the tonsils. Aggravation, at night, in the open air, from change in the weather, and during perspiration. Amelioration in the cold air.

Phosphoric Acid. Humid itching vesicles about the anus, burning after scratching; skin feels sore all over; great restlessness; diarrhœa. Persons who are debilitated from the loss of animal fluids. Aggravation during repose; after sweating.

Rhus tox. Periodical attacks in July; rheumatic subjects; smarting as from salt, at night, waking the patient from sleep; eruption worse in winter; free perspiration after the slightest exercise; œdema of the genitals; acrid diarrhœa. Aggravation from cold in general, from getting wet, from rest. Amelioration after scratching; in dry weather; from motion.

Colocynth was the remedy used in the case in which the attacks or relapses were occasioned by eating cheese.

CLINICAL CASES.*

B. EHRMAN, M. D., Cincinnati, O.

CASE XX. Some time ago a lady from an eastern city visited me, who had been a patient of mine, when living here, several years before. She said that she came here just to see me because she was for the last six or seven weeks under the care of an eminent homœopathic physician, for derangement of the stomach and bowels; but in spite of his strong doses of medicine, could do her no good. At last he intimated that Bright's disease might be lurking in her system. This frightened her and she concluded to come here and consult me. The prominent symptoms

*The mss. of these cases was received but a few days before the death of the lamented author.

among others were: Sad, gloomy mood; obstinate constipation without the least urging or desire for an evacuation; aversion to bread and salt hering 50 years ago, now the opposite; brick dust sediment in urine.

Gave her one dose Natrum mur. 40m. (Fincke) dry on her tongue, followed by placebo. In a few days she called again, simply to tell me that I had done more for her in these few days than her eastern physician had accomplished in the many weeks he attended her; that her bowels have moved every day, and that she was improving in every respect. She did not require another prescription and in about a week went home rejoicing.

It would seem that the 40m potency of the remedy is stronger (for good) than all the crude drugs she had taken.

CASE XXI. A colleague living some distance from the city summoned me one evening to consult with him in regard to a middle aged lady, whom he had treated for rheumatism for many weeks without benefit. She had not slept for weeks on account of oppression in the region of her heart, difficult, asthmatic respiration, preventing her assuming the recumbent position. The action of the heart was weak and the pulse very irregular. I advised the doctor to give her Digitalis, and left. The next morning the husband of the lady came to the city and informed his friends here, that the writer saw his wife and made one prescription on which she slept well for the first time in weeks and now feels entirely well. She remained cured.

CASE XXII. A young lady aged about 16, daughter of a homœopathic physician in the country, was attended by him and also by a neighboring homœopathic physician. They could not make a satisfactory diagnosis and therefore two homœopathic physicians of this city were consulted. One of them thought it was a liver, the other a lung complaint. In this dilemma the father consulted me, and desired me to decide which of these complaints I thought it was. I told him that I could not decide until I examined

the patient myself. Well, on visiting her, I found her sitting up in bed, supported by her mother, as she could not lie down. Her face was puffed up, the color waxy, with distressed anxious looks and asthmatic breathing. Physical examination revealed neither liver nor lung affection; but plainly hydro-pericardium. For this condition I advised principally Arsenicum and if this should fail, Digitalis. The father administered Arsenicum as often as he thought best, and under the operation of this remedy alone and in a reasonable time she eventually entirely recovered her health.

The true followers of Hahnemann are not so ignorant of pathology as some of their homœopathic brethren who boast of their scientific? knowledge would like them to be.

CASE XXIII. A colleague attended a young man aged about 20, for what he considered consumption of the lungs, and despairing of a cure gave him up. When called, after careful examination, I found no consumption at all; but a plain case of hydrothorax with the following symptoms: Great oppression of chest preventing the recumbent position; wheezing and rattling respiration; moist cough with expectoration of watery mucus; cough excited by a continuous tickling in upper and also in lower part of chest, (xihpoid cartilage) and accompanied with stitches in left chest and side.

Prescribed Squilla 30m in aqua, a dose every three or four hours for a number of days, then followed by Sac. lac. and Squilla repeated again occasionally, until in about four or five weeks' complete recovery took place without any other remedy.

CASE XXIV. After an absence of several years, a lady drove to my office, whom, when living here, I had occasionally attended. She said she came from New York (where she had resided for several years) just to consult me. She said further: "The first thing you did in our family was to cure me of dyspepsia. Now I lately became similarly

affected and called on a homœopathic physician, expecting to be as promptly relieved as I had been by your prescription, but was disappointed. I called on another with no better result, and therefore came here." This was a plain case for Nux vomica high: Oppression of stomach after eating; constipation with ineffectual urging, owing to sedentary habits, etc. One dose of Nux vomica 200 cured in a week. The reason I report this case is not for its clinical or intrinsic value, but for the coincidence, that this lady arrived at nearly the same conclusion that some homœopaths in New York have; that Homœopathy was not sufficient. There was, however this difference; she thought the homœopathic doctors there were not sufficient.

CLINICAL REPORTS—THE MIND CURE.

LEWIS BARNES, M. D., Deleware, O.

Many reports of cases found in our journals impress me very unpleasantly. There seems to be such a lack of consideration for attendant influences. An illustration may be in place: Under the head of "Verifications—Natrum Muriaticum," there was an account of a tall, lean, frail old lady of 75 years, who had countless aches and pains for nearly half a century. She was put upon "Natrum mur. in various potencies for some weeks, when she said, 'I feel better than for thirty years.'" What other treatment had been employed we are not told, except that she had been "magnetized by passes." What sort of a "verification" is this of Nat. mur., an article that she had doubtless taken "in various potencies" all her life?

Another case is reported, of a man 58 years old, whose condition was so bad that two pages are required to describe it. Then we are told that "Natrum mur. was undoubtedly the remedy indicated," which was exhibited "in potency ranging from 3x trit. to 6 m. attenuation." At the end of four months "patient was much stronger, cheerful,

and hopeful of recovery." But there are a few other things, just by the way—as if of slight importance: "Magnetics were applied at each visit, about three times a week." And then "as intercurrent remedies and on general principles (!)—Hepar sulph. Mezereum, Sepia, Kali carb., Phosphorous, Phosphoric Acid were exhibited." And this account is given as a "verification," partly at least, of the virtues of highly attenuated common salt! Now, please take notice that I do not say there is no medicinal virtue in Natrum mur., but I do say that such cases do not prove it. Nor do they prove anything with regard to any special remedy.

I do not refer to these two cases as particular violations of the just law of evidence. They are but specimens of the many, many, many reports, in our medical journals, which have long distressed me. Will our writers never learn to "differentiate," to give each item its due—and no more?

This leads me to remark upon the "mind-cure," as the effect of mental states in general, on which there is a long article in the same number of the ADVANCE which contains the cases above referred to. Four able men there agree upon the fact that this influnce is very great, for evil or for good. They also prove it by referring to cases which cannot well be explained away. But they disagree somewhat in regard to the mode of operation. They seem to split, or waver, upon the theory of the 'mind-cure' people," which I think can be stated in few words. I draw this partly from two works of Rev. Dr. W. F. Evans, entitled *The Mental Cure,* and *Mental Medicine,* published in 1869 and 1873, and partly from the lady's account drawn from the same author's later work, entitled, "The Primitive Mind Cure," which I have not seen. Thus: Man in a mitigated sense is a divine incarnation. It is the inmost essence of the soul which is divine—deeply hidden beneath all our external and sensuous coverings and moral

and intellectual disorders; this came from God. The antagonism between these externals and the inmost divine essence is the spring of our physical as well as mental unhappiness, that is, our diseases or disorders; hence "disease is the loss of the proper balance," and unsound mental states ultimate themselves in diseased bodily conditions. These mental as well as bodily states are contagious. But from the interior divine life, which comes from God, recuperation is natural. The divine energy reacts against every disorder of mind and body, and when properly directed is the most efficient of all remedies. This divine life is love, for "love is the life of man, as it is of God," the opposite of which is hate, or selfishness, and "disease is often a state of supreme selfishness."

These items are given in language very near and sometimes identical with that of the authority referred to. They embrace the fundamentals of this mind-cure. Our remarks upon them need not be long.

The essential divine life is no doubt love. "God is love." He is also the Logos or Word, which is *Truth*. He can heal all manner of diseases, as He did when in the flesh, but He could not do it unless there was faith, that is, truth in the subject for his power to work into. How then can we heal men who are without this principle, or who are not governed by it? or if we have not this divine love principle within ourselves—to act from? This is said to be the internal of every man, but if so is it not often shut up or smothered by the external passion and selfishness which oppose it, in which diseases, that is, disorders, prevail? And may not our love itself be changed to hate, on the same principle that falsehood is violated truth? And if supreme selfishness is the essence of hatred, or at least the opposite of love, will not this overpower or rather destroy our healing virtue? And are not most men crippled in this way? Or we may say briefly that the inner principle itself, the deeper inner life principle of man, may be corrupt,

contaminated, diseased. Then how is it to heal the lower mind and its maladies?

Furthermore: If disease results from disordered externals which are antagonistic to the divine internal, they must be excited and perhaps become more energetic and boisterous when that internal moves upon them, and disease may become temporarily worse, and even permanently so when the inner force fails to overcome them—as when patients re-indulge their suspended evils and relapse. "And the last state of that man is worse than the first."

The idea is somewhat prevalent that "mind-cures" are wrought through spiritual agencies, by spirits in the other world—out of the flesh—through a sort of mesmerism. But this does not help the matter. There is no evidence that spirits in that region, even if able to work down into the minds and bodies of people, are endowed with any more power on this planet than those who are more immediately connected with diseased bodies here, that is, who have not left them. They certainly cannot control or regulate our passions so well as we can do it ourselves. We have a certain kind of free agency, with the powers which are connected with it. I have myself investigated, watched, and applied this agency of mesmerism, spiritualism, and "magnetics" (whatever it may be,) for forty years, and have found it unreliable, uncertain and transient in its effects.

Still the effect of mind upon body is very powerful, whether it comes from a spiritual or even divine influence within us, derived from God, or the play of that unexplained thing called "force" as a property of matter. It is often equal to the difference between sickness and health, or life and death.

Now a part of my complaint is that our clinical reports appear to make no allowance for this—the very foundation of the Faith Cure—while they also take no account of surrounding material influences. Perhaps in assigning no

influences to other drugs which may have been used, they also disregard the effect of suspending heroic treatment in cases which come from the old school, or of suspending the "teas" and other harmless (?) things which have been given by kind-hearted old ladies.

I think we should not rush into print with our clinical cases without far more critical investigation than often appears. I seldom read one of these without seeing something which, in my view, would be about as likely to effect the result as the particular agent to which it is ascribed. Special care is demanded when higher attenuations are used, for when other agents more tangibly energetic have been present also scientific minds are repelled at the idea of assigning results to that which appears to be insignificant and irrational.

CEPHALALGIA.—*Bryonia.* Mr. W—, architect from a neighboring town, has had intense Cephalalgia for the last five years, not continuous but coming on in paroxysms. Has tried many physicians (and many others have declined to try it) without any benefit whatever. Pain would usually begin in the morning while dressing, sometimes compelling him to again lie down and keep quiet. Would begin in right side of forehead thence to the occiput; pain is accompanied by vertigo especially if he stoops. Did not believe in Homœopathy; had tried three homœopathic physicians, but in spite of their best efforts the attacks would occur two or three times in a week. I gave him Byronia 30th, drachm vial no. 30 pellets, with orders to take four pellets when he felt the pain coming on. He took four doses the following two weeks and none since. No return of headache for five months.—W. O. JACOBI, M. D.

GYNÆCOLOGICAL.

A CASE OF SPURIOUS PREGNANCY.

THOMAS SKINNER, M. D., London, England.

When I was practising in Liverpool I was consulted by a lady residing in the South about 34 miles from London and about 234 miles from Liverpool. She was then about 50 years of age, married and still regular, until within the last three months. She had never given birth to a child, but she was "pretty certain, and the nurse as well, that she had conceived and had more than one miscarriage." With sterile females, such a statement must be taken *cum grano salis*. I should say with a very large grain of salt, at least such has been my long experience. This lady had been married some twenty years or more, was very nervously excitable, and, like our "Grand Old Man," she was very anxious to cackle over one egg at least before giving up the ghost.

As she had been a patient of mine some twelve years before this and a still older friend of the family, and being so far off I had no chance of a personal interview, so she wrote me to say that she was certain she was in "an interesting way at last to her own, her husband's, and her friends' delight. All that she now wanted was my *corroboration*." Here is her own written statement: "My courses have stopped these last three months, and you know how regular I have always been. I am increasing in size in my lower stomach, and stouter every way—in particular I observe a great change in my breasts which are decidedly larger, and now and then they springe as if filling with milk." I replied, advising her to go up to London and consult a physician, naming one, and I wrote to the physician informing him of the lady and the nature of the case. I warned him over and over again in my letter of the great doubt existing in my mind as to her state, and I did not

hesitate to inform him of the most reliable signs of pregnancy, so as to guard him against the posibility of his mak a wrong diagnosis or prognosis in the case. I also advised him to read up "Montgomery on the Signs of Pregnancy" and study the excellent colored drawings of the development of the breasts, nipples and the areolæ in the different months. The lady called on the London physician, who had no difficulty in declaring our patient *enceinte*.

I make no doubt the lady was charmed with the physician who had my confidence (doubtful), and who corroborated the fondest and all but despairing hope of her life, which was at last to be fulfilled. "The child's name was Timothy!" The husband and friends were duly informed, the date of the coming event was registered, the nurse was engaged, the baby clothes were made, the bassinet with its *et ceteras* and pin-cushon, with, I presume, the usual design in pins of "Welcome little stranger." Nor is this all, as the development advanced I was duly informed of *the quickening* at the proper time. Such patients, as a rule, get hold of books such as "Buchan's Domestic Medicine" or "Pye Chavasse's Advice to Mothers," and they read-up, saturate their minds with the usual course of the events or phenomena of parturition, and as the mind rules the body, especially of nervous and hysterical women, the order of the phenomena occur or seem to occur with marvellous precision. A tyro may be deceived, but how a physician of a few years obstetric practice or pretensions can make mistakes in such cases, is one of those things "which no fellah can understand!"

Time rolled on, and with it the development of the symptoms of pregnancy. The calculated nine months being expired or expiring, and as the doctor wanted a holiday in order to get a rest out of the smoke of London, he offered to reside with the lady a whole fortnight and give her the benefit of his services. The nurse, one of the doctor's own choosing, was in attendance with him during this fortnight,

and every morning he examined his hostess *per vaginam*, to ascertain if her os uteri were dilating, or if labor was on or likely. At the end of the fortnight, the doctor betook himself home, informing his patient and her friends that there must be some mistake about the calculation, and most probably his patient would run another month; anyhow he had still no doubt that there was a living child *in utero*.

"Hope deferred maketh the heart sick," and so it was with this lady and her friends. They were sick of the whole affair, and of the doctor in particular, as she had now got the length of being eleven months in the family-way and no prospects of delivery. If their misery could have been confined to their own fire-side, it would not have mattered so much, but they were the talk and scandal, the laughing-stock of a fashionable watering-place, while the doctor was all but unknown and escaped "scot-free."

The husband could stand the outside chaff no longer, so in their misery and wretchedness, he wrote to me stating that there must be a mistake somewhere, and requesting to know if I could make it convenient to visit his wife *alone*, as they were losing faith in the doctor I had recommended, and hinting as much that she was really my patient.

I agreed to visit my lady friend and patient, and to communicate the result of my interview to my friend the doctor. As the visit was altogether unique and deeply interesting, I give it exactly as it occurred.

As I entered the bedroom I observed that my patient's face was bloated or fuller. It was all that I could see of her, as she was in bed expecting my arrival. She is in general very lively, but she looked sad until I said to her, "So you are fully *eleven* months in the family-way?" putting emphasis on the eleven. I felt her pulse, and it was flying, her heart ditto; so I gave up the idea of making any physical examination until she was less excited. We talked about old friends, the weather, etc., etc., and when I thought she was more reasonable and quiescent I lowered the bed-

clothes and placed my hand over the hypogastrium near the umbilicus, the chemise protecting her. She immediately said, "Did you feel that?" to which I replied, "I did, and it felt to me exactly like the stroke of a child's fist or a kick from its foot." To which she added, "That is exactly what it felt like to me." This was a staggerer to start with, but I determined to keep as cool as a cucumber. I then percussed the abdomen, which was decidedly enlarged but not to the extent it usually obtains at the ninth month of pregnancy, and strange to say it did not sound either tympanitic or dull but a mongrel sound mixed up of both; if anything, I should say that it was more dull than resonant. I then examined the breasts which partook of the general condition of *embonpoint*. The nipples were well formed and prominent, and a few of the follicular glands were larger than in the virgin state, but there was no dark areola. The patient is neither dark nor fair. By auscultation both mediate and immediate I could not detect the uterine souffle anywhere, but in the left iliac region I heard something like a fœtal heart going at the usual rate of about 130 beats per minute, and at the same time I experienced a sensation at my ear as of a blow from a movement within my patient's abdomen, which she also felt. It seemed to say to me, "You fool that you are, what is the use of making further examination, the other doctor is quite right, my name is Timothy!" A spasm of the rectus or one of the oblique muscles of the abdomen might explain the movement, but what of the pulsation? I knew my patient was burning to learn the verdict No prisoner at the bar and being tried for his life was ever more impatient or in a greater state of suspense than was my patient, and the more cool and careful I was, the more impatient and excited was she. I again listened by means of the stethescope and heard the same rapid pulsation, just like the ticking of a watch. Without raising my head from the stethescope, I asked her to let me feel the pulse of her right hand. The artery was flying,

I then took both wrist pulses and both were flying. I then traced the pulsation upwards, and it was heard more distinct in the region of the heart than in the uterine region. It must be hysterical and certainly it was not fœtal, as no fœtal ticking was ever heard over so large an area. I then turned her on her left side and examined her digitally *per vaginam.* I never touched a more perfectly formed virgin *os uteri* in my life; the os, cervix and body being light and mobile, and as for *ballottement*, it was simply impossible to *ballotte*, as there was or could be nothing in the womb. Can it be believed that a doctor, practising as an accoucheur and attending a lady at the ninth month of pregnancy,—a regular and legally qualified physician—could possibly mistake *a virgin os uteri daily for a fortnight, waiting for it to dilate and give exit to a "Welcome little stranger."* Truly has it been said that "truth is stranger than fiction." In order to make assurance doubly sure I gently passed a uterine probe into the uterus. It met with not the slightest obstruction, and the cavity measured exactly two and a half inches. There being nothing in the uterus, was there a chance of its being an extra-uterine pregnancy? There was nothing of the kind detectable in the pelvis *per vagiam*, and the absence of the uterine souffle and fœtal pulse, as also the uncertain and general percussion sound all over the abdomen, the absence of mammary areolæ, the age of the patient (fifty), the length of time married without a child, and in my opinion without a vestage of conception, led me to the opinion that it was not even a case of extra-uterine pregnancy with either a living or a dead fœtus.

I then cooly informed my patient that she was not pregnant, and that there were no likelihood of her ever becoming so. "Then what about the child's mevements?" said the would-be but disappointed mother. To which I replied, "Open your mouth and put out your tongue and I will soon put an end to your child's kicking." I placed upon her tongue one dose of Sulphur mm. (F. C.) and the whole

phenomena vanished. *Sulphur* is the only medicine which has "movement in the abdomen *as of a fist of a child.*"

On returning to the metropolis I was accompanied by my patient to the railway station. While standing on the platform waiting the arival of my train, I observed that her ladyship held her hands crosswise over the upper abdomen as ladies generally do when they are "well up in the buckle," or when they wish to be thought so. I looked at her face and then at her hands, and asked her what she meant by "keeping her hands so, when there was nothing to hide or be ashamed of." She laughed heartily, took them down and promised me she would not repeat the offense.

When in London I called to inform my *confrére* the result of my visit. He seemed quite prepared for the worst, as he received my verdict with supreme indifference. He was "not the first physician who had made a similar mistake." A mistake! why it was a series of the most unpardonable mistakes from beginning to end, which, if it had happened in his own immediate neighborhood and circle, would have ruined his vocation as an obstetric physician, or he would require to have removed his fishing-ground to a considerable distance.

ELECTRO-THERAPEUTICS.

PHIL PORTER, M. D., Detroit.

The subjoined table gives the comparative results of the positive and negative poles in the use of the galvanic, the faradic and neutral currents. The neutral current, we should explain, is the effect produced by the mechanism of a new battery lately produced by Dr. Hicks, of Detroit, and consists of such a rapid alternation of negative and positive polarization, that an intermediate effect is produced, a current neither causing decided tonicity nor decided laxity of tissue.

ACTION OF THE NEGATIVE POLE.

	Nervous stimulation or tonicity.	Nervous Depression.	Muscular Contraction.	Muscular Relaxation.	Capillary tonicity arresting hæmorrhage and producing inflammation.	Capillary laxity producing hæmorrhage and reducing inflammation.	Nervous tonicity without positive or negative effects.	Electrolic Power.
Galvanic.....	1	0	1	0	1	0	0	10
Primary.....	5	0	4	0	6	0	0	8
Secondary....	7	0	7	0	10	0	0	1
Neutral.....	10	0	10	0	4	0	10	0

ACTION OF THE POSITIVE POLE.

	Nervous stimulation or tonicity.	Nervous Depression.	Muscular Contraction.	Muscular Relaxation.	Capillary tonicity arresting hæmorrhage and producing inflammation.	Capillary relaxation producing hæmorrhage and reducing inflammation.	Nervous tonicity without positive or negative effects.	Electrolic power.
Galvanic.....	0	2	1	2	0	4	0	10
Primary.....	0	10	3	6	0	7	0	8
Secondary....	0	6	6	10	0	3	0	1
Neutral	10	0	10	0	4	0	10	0

This table will be found very useful in jogging the memory, as a brief glance will show the action of any current or pole in their various nervous, muscular, or vascular relations.

GYNÆCOLOGICAL CRAZE.

D. HAGGART, M. D., Indianapolis, Ind.

ED. ADVANCE:—Within the past few years, Gynæcological Surgery has become such a 'craze' in this city, that the subject is very freely discussed not only in the gossiping sewing circles but in the mission societies and even the progressive euchre parties between games throw out a polished utterance regarding this special line of surgical practice. Generally the subject is as intelligently discussed by the fashionable laity as by the misguided physicians who are engaged in practicing this partial, if not exclusively entire delusion. Through the matchless energy of a number of these sanguinary specialists representing all schools of medicine in this section, about every other woman with a malady, is made to believe that she has either laceration of the uterus or uterine tumor of one of the various forms known to this branch of medical practice. So wide spread has this furor for an undiscovered lacerated uterus become that even old maids are getting 'cranky' on the laceration business. That other craze about ulceration and prolapsus has "paled its ineffectual fires" in the presence of this later and more heroic mania. Such tame practice as scarifying and cauterizing simple ulcers dwindles before the majesty of the pincers, scissors, knives and needles of this more modern field of unlimited medical specialism and is not known any more to the female portion of our community.

Nearly every woman who presents herself for treatment for uterine disturbances has been caught in the net of this laceration delusion and wants her womb sewed up promptly. Efforts to persuade our patients that such an operation in their case is not needed, are met by an argument put into their mouths by these voracious if not unscrupulous Gynæcologists and their emisaries, that—"Doctors who have not made this branch of medical science a special study do

not know laceration when they see or feel it." It is within the memory of not very aged practitioners that not a decade since, this same order of womb-cutters and stitchers created a frenzy among women on the subject of ulceration and prolapsus; but as before said, this is all out of date now and these Knights of Gynæcology are armed with such weapons and daring as enable them to conquer an army of sore wombs and vicious tumors without the loss of a single *man*. The undertaker, however, reaps a rich harvest through the loss of the women patients.

The necessary adjuncts to a first class operation in this kind of uterine surgery are the requisite number of gossiping women, the newspaper reporter and the patient who is to be offered up either as a living or dead sacrifice. Without the neighbor women the wonders of the bloody chamber could not be told around and without the newspaper reporter in the ante-room, immaculate skill would remain unheralded. The triumphant success of the operation is announced first to the reporter unless the usual "perfectly successful operation" is ante-dated by the failure of the patient to rally from the onslaught, or the continued suspension of animation from the anesthetic—who knows which?

Indeed there has been such a heavy percentage of fatal cases lately in this line of surgical bravado that women who read the daily papers are becoming very reluctant to submit to an encounter with womb guerillas of this stamp. Doctors who are not at all ambitious to add to the death roll, through experimental explorations characteristic of latter-day Gynæcologists, might through it all be enabled to go their way without protest, if these masters of sharp instruments did not in addition to all their other wonder-stirring gifts, lay claim to supernatural power in diagnosing the diseases of other physicians' patients through brick walls miles away. The simple fact that a female patient passes through the office door of any other doctor is to these spec-

ialists incontestible evidence that the woman has laceration or an incipient tumor and they diligently whet their knives accordingly.

This crew of prospectors are entitled without question, to the palm of superiority, for originating at least, one idea; and that is that forceps should in all cases be resorted to at the expiration of two hours labor unless delivery is near at hand. This of course, is merely a logical outlook for future business; for the obstetrical forceps and womb stitching are twin comrades. They travel in the same foot prints like the two rascally tramps who formed a partnership upon the understanding that one should go in advance and infect the people with the itch while the other should follow with a salve to cure it. An illimitable field is open to the unscrupulous practitioner in taking the special work of uterine surgery. An endless amount of deception can be practised upon feeble minded women patients, and one would readily conclude from the vast number of cases of lacerations discovered by these lynx-eyed explorers in late years that the medical profession in general in this locality are ignoramuses and fools. Either this must be so or some of the Gynæcological slashers are recklessly indifferent to the old adage that "honesty is the best policy."

The author of this has attended something like one thousand obstetric cases during the past twenty years or at least four cases per month on an average, and has had occasion to use forceps in but three instances; has performed craniotomy twice and the Cæsarian operation once, to save the child after the death of the mother from convulsions. During this period, thousands of female patients from among all classes, ages and nationalities have been treated and in two instances only has laceration with lesion extensive enough to call for the needle come under the writer's observation. One of these two cases was without doubt due to the muscular power that valiantly wielded the forceps. The other was traced to an overdose of Ergot

while the os was in a rigid condition. It has been fully demonstrated in the experience of your correspondent that copious warm water irrigation, rest and correction of constitutional derangements where such exist, will put to rest all ordinary cases of laceration of the os; and further observation and experience has also clearly convinced the writer that 95 per cent. of those operated on in this vicinity have been grievous and unpardonable inflictions upon the patient's credulity if not a permanent injury to health where the uterus is forced entirely outside the body as is customary here-abouts, and that the laceration bug-a-boo is fitly classed when named among the most consummate humbugs of the present time.

COLOCYNTH.

J. MARTINE KERSHAW, M. D., St. Louis, Mo.

A young lady complained severely of pains in the abdomen. They were not in the stomach, but confined entirely to the region of the abdomen. Eating aggravated the trouble so much, that she partook of barely enough food to sustain her strength. The pain had kept her awake for a day and a night at the time that I saw her. She was lying in bed with her feet and thighs drawn up close to her body. She said she could only obtain relief in that position. I prescribed Colocynth 30, and the pain disappeared entirely in a few hours. In a few days it returned, but the administration of the remedy caused it to disappear in a short time, and she has had no trouble of the kind since.

A COINCIDENCE.—"Two of the toes of my buried leg overlap eachother and pain me dreadfully," said the wife of Jacob Berean, of Marlboro, Mass. The leg had been amputated and buried one month. The husband, unbeknown to the wife, had the leg exhumed and toes straightened out, and she said she knew by the relief that followed the exact moment the act was performed.—*Daily Paper*

MISCELLANEOUS.

CAN WE SUBSTITUTE?

TITUS L. BROWN, M. D., Binghamton, N. Y.

Our patients are diseased from a variety of causes. Can we cure them with medicine alone if they are curable cases? Yes!

Should we depend upon medicine and tell our patients they will be made healthy by taking our remedies just as we direct?

Shall we place them in that comfortable state of mind unless we are certain it can be done? Are we doing our duty by deceiving them, and dishonoring the most useful calling on earth?

"Doctor do you think you can cure me," is the question so often asked and as easily answered in the affirmative, if we know. "Yes, if you will take our remedies long enough." In most of the curable cases if the cause be removed the patient will recover by the time-remedy. Will medicine cure such cases if the cause is not removed? Here we must draw the line, if we desire to be correct and intelligent as to what *cures* our patient. Now comes the important question, can we substitute medicine for sanitary and hygienic changes and claim we have cured our patient with the remedy?

Is medicine a positive science? Or is it a figurative guess as to what cures or kills the patient? What would be the use of changing the habits of a patient when medicine would cure without? *Time* is often the remedy most to rely upon in a final cure. When we can cure a patient by sanitary changes what is the use of giving medicine? When exercise or change in food and drink are absolutely necessary, where will the substitute in the form of medicine be found to cure as well? When impure air is the cause of lung disease what can we substitute and save the patient? When

medicine can do what nothing else known can do, then it should be used with as much confidence as any other curative means. We must grow into that admirable state of mind, to keep the highest standing possible, with our most intelligent patrons. They have the money, the intellect and the honor to sustain us in such a laudable effort to keep our calling in its most useful condition.

Starving patients must be better fed. Gluttons must be controlled. Lazy patients must go to work or die. The effects of excess will call for moderation. Exercise and temperance have no substitutes. The laws of existence allow of no change or substitute. We must balance our mental scales or our character for strict honesty will fall into the useless state of profession devoid of possession. The substance must be there, or its motion suitable to each cure, or we will be up in the air too light for reasonable demonstration.

To do the fittest thing at just the proper time is the evidence of progress in our relations to those who employ us. We cannot do that by substituting. Now for one of many illustrations.

Let us be practical. For the past two years we have been preventing and curing most of our cases of colic in infants, a few weeks old, by depriving their mothers of all sweet, as well as acid food and drinks. You will be surprised to see how much better the mothers love their quiet sleeping babies. They admire the doctors intelligent and timely advice more than the mere palliation of medicine. We can do likewise in other cases, so often that our disappointment with remedies will be the exception and not the rule. Medical knowledge has no fit substitute. Certainty in medicine is the result of knowledge of the positive cause and cure of disease. We know or we do not know. Doubt makes us more thoughtful and discriminating in our next effort to cure.

The fittest attenuation of a drug has no substitute.

The medicine or means of cure has just as positive relation to our patient as one chemical substance has to another.

This relation must be known to the physician or our efforts are not consistent. It is this certainty of distinction, in the positive means of cure, which will make medicine a reliable and progressive science. Until the single dose, the one remedy and its attenuation made it possible for us to solely observe its independent result, we had no basis of science in the use of remedies.

To know what cures, is the knowledge we need when prevention is impossible. To this end let us labor together, marking results to the credit of the means that cures our patients.

Law and order guides the impartial and rewards them with that practical knowledge so necessary to success. Possession is so much better than profession. *Truth*, has no desirable substitute.

"OUR LITERATURE."

In the December number of THE ADVANCE, under the above heading, Dr. Lippe characterizes the attempt to produce "A system of medicine based upon the law of Homœopathy" as a *fatal error!* Except for his reference to the fate of the "Organon of our healing art" one would be in doubt as to where Dr. Lippe expects the fatality to strike. With this hint, I take it that another paper mill has, in his opinion, a bonanza in store through the prospective bursting of a down east publishing house.

If Dr. Lippe will re-consider this point and bear in mind that "things is changed" since the early bookmaking days of Brother Hempel, and that, at that date Homœopathy was not presented to the western world a-la-mode Chicago, with a high potency professor of Materia Medica, as a main target for the other big guns loaded with the words "do something Doctor" to shoot at, I think he will gain a more favorable view of the enterprise. Under the present

regimen I do not see how he can have any doubt of its success. Since it has been discovered that the American people are ripe for this "do something" policy in medical treatment, I cannot but think that Dr. Boericke has struck it rich. I have not seen Vol. I of our (?) encyclopædia, but from Dr. Lippe's criticism upon parts of it I am convinced of its intrinsic value. There must be thousands of dollars in it for the eastern publisher.

I wish to give this opinion through your Journal, Mr. Editor, that Dr. Lippe may have these words of assurance from one who lives in the great west where things are working together for good to those who love filthy lucre more than health, strength or the scriptural commandments. And, that he may (if he will not disdain to take my humble opinion at par) feel re-assured of the safety of his near neighbor in his little enterprise of "Diagnosis and Prognosis."

Heretofore we were fairly fixed in the former, but in the latter how could one hope to succeed—especially in unfavorable prognosis, without the implements and the authority to use them effectually. *Vivi La* Dr. Arndt and the Hahnemann Publishing company. R. C. MUZZY.

JOHN J. GAYNOR, M. D., of St. John, N. B., in an article in the *Physician's and Surgeon's Investigator* for March, 1886, arrives at the following conclusions:

I.—The human soul is the vital principle of embryonic life in man.

II.—The soul enters the human embryo at the moment of conception.

III.—The human embryo, being possessed of a human soul, is an individual human being, and as such cannot be deprived of its right to live.

IV.—The wilful destruction of embryonic life is wilful murder.

V.—Craniotomy is homicide.

EDITORIAL.

THE IPSE DIXIT OF AUTHORITY.—It is acknowledged by our brethren of the dominant school that medicine, as practised by them to-day, is not a *science*, only an art. It is also acknowledged that medicine is without a law, except the law of individual authority, and incapable of receiving one. If any one doubt this let him read the "favorite prescriptions" of acknowledged leaders, both in text books and current literature, and his doubts will soon be dissipated. This rule of authority is as old as Hippocrates, and is as blindly followed to-day as it was in his time. The editor of the *Albany Medical Annals* says: "Until a comparatively recent period the doctrines and precepts of Hippocrates were followed reverentially, and the most degraded attention was paid to authority and established routine." Authority and routine have always dictated terms. Here is a specimen from D'Alembert: "Nature is fighting with disease; a blind man, armed with a club—the physician—comes to settle the difference. He first tries to make peace; when he cannot accomplish this, he lifts his club and strikes at random; if he strikes Nature, he kills Nature." Our allopathic brethern invariably strike at *the disease*—their diagnosis—and being without law as a guide in therapeutics they are as apt to hit Nature as the disease; and many of our homœopathic brethern try to follow their example. Hahnemann says we are not to prescribe for the *disease*. Drugs do not produce diseases, *per se*. Nosology is not based upon law. It is man's not nature's classification, arranged for man's convenience, maintained by man's authority and followed reventially, and he who accepts and follows routine methods must not complain if *law* and *nature* decline to blindly follow. For such *similia* is not a universal law, only a rule of practice.

In his "L'Amour Medicine," Molière illustrates the prac-

tice of being blindly led by blind authority in the dialogue between the physician Tomes and the maid Lisette:

"*M. Tomes.*—How is the coachman?

Lisette.—Very well; he is dead.

M. Tomes.—Dead?

Lisette.—Yes.

M. Tomes.—That is impossible.

Lisette.—It may be impossible, but it is so.

M. Tomes.—He cannot be dead, I say.

Lisette.—I tell you he is dead and buried.

M. Tomes.—You are mistaken.

Lisette.—I saw it.

M. Tomes.—It is impossible. Hippocrates says that such diseases do not terminate until the fourteenth or twenty-first day, and it is only six days since he was taken sick.

Lisette.—Hippocrates may say what he pleases but the coachman is dead."

Is it any wonder that Molière lashes the empiric routine of "established authority?"

The *Annals* says, "at the time D'Alembert wrote, the art of medicine was enveloped in mystery and empiricism, beside fraud and corruption." We would ask, how much better is it to-day? In what particular has it improved as a science? Over eighty years ago Hahnemann proclaimed to the medical world his discovery of a law in therapeutics; a law as fixed, certain and universal in its application as the law of chemical affinity. They did not believe it then; they do not believe it now. He asked them as honest men in the interest of science, to put it to the test of practical experience and publish the failures to the world. They did not try it because they did not believe it, and they did not believe it because they did not try it. And this is about all the reason they can give. From their standpoint it is certainly a scientific (?) reason. Well, might Lisette say, "it may be impossible, but it is so." Hahnemann tried to explain to them that substances like Alumina, Calcarea, Carbo

veg., Lycopodium, Natrum muriaticum, Silica, Sulphur, etc., which in their crude form were practically inert, when increased to the third or sixth potency become powerfully acting agents in the treatment of many grave acute or constitutional affections. That these same drugs taken by persons in health produce certain derangements of the system characterized by symptoms. But they will not try it because they do not believe it, and they do not believe it because they will not try it.

To our brethern of the homœopathic faith, who are "firm believers in the law of similia," have long since accepted and made it their rule in practice, and in treating serious diseases boldly rely upon the 2x or 3x and sometimes use the 6x, we say these same remedies in the 12, 30, or 200 potency, both in acute and chronic affections, are much more powerful, certain, and long lasting in their curative action. But they will not try it because they do not believe it and they do not believe it because they will not try it. Is the difference so very broad after all? There is no room in science for prejudice or preconceived opinions. Why should not a scientific man be capable of investigating a scientific subject in a scientific manner, without attempting to interpose his impotent, powerless and unscientific opinion of "I don't believe?" All that Hahnemann ever asked of the profession and all that his followers ask to-day, is to put both the *law* and the *potentized drug* to the test of practical experiment and publish the failures to the world. Our belief or unbelief will never affect the law or the potency one jot or tittle.

NEW PUBLICATIONS.

AMERICAN MEDICINAL PLANTS. By C. F. Millspaugh, M. D. Fascicle III. Bœricke and Tafel: New York and Philadelphia.

As this work proceeds it increases in interest, and, if possible, improves in quality. He must be a captious critic who can find much to criticise in either literary or mechanical execution.

INTOXICANTS: PROHIBITION &c. By John Ellis, M. D. New York. 1885: Published by the author.

This is a small volume of 120 pages, a sequel to his larger works, "The Wine Question," and "A Reply to the Academy's Review of the Wine Question," and contains some very interesting facts regarding the "grape cure in Switzerland" and the various kinds of wine used in the East by the natives. These facts were obtained during a recent visit of a year in Europe, Asia and Africa, and will be invaluable to those interested in the question of intoxicants.

GAZETTE DE GYNECOLOGIE. Paris: Edited by M. le Dr. P. Meniére.

Our thanks are due to our French colleague for the transmission of the December and February numbers of his interesting journal. Among the editorials of those able magazines we find several imimportant articles, including one in the former number by the editor, on the subject of a new pessary, which strikes us as meeting a long felt want, when such an instrument may be needed. We may here say, however, that we consider the cases rare when we resort to them. We notice, also, in this number, a very strange item, an extract from the *Lyon Médical*. According to the English census of 1881 there were in England 25 women practising medicine. Between 1881 and 1884 eight of them had to be confined in insane asylums, and last year three more were obliged to undergo the same treatment. All true philanthropists should bring this fact to the notice of female aspirants to the medical profession. If medical studies and duties are so disastrous to females, it is but right, but humane to make such physians and aspirants aware of the fact in good time.

HUMEURS NORMALES ET MORBIDES DE L'APPAREIL GENITAL DE LA FEMME. We are indebted to Dr. P. Meniére (d'Angers) for this very clever pamphlet, in which he refutes the statements made some time ago by M. le Dr. Martineau, and which gained wide circulation in the medical journals of this country, that the ordinary leucorrhœal discharges could always be diagnosed from gonorrhœal pus, on account of the former being alkaline in reaction and the latter acid. If clinical tests had proven the correctness of this state, it would have greatly facilitated the diagnosis in obscure cases, besides being very important from a medico-legal point of view, as settling the question of the morality or immorality of a suspected woman. Dr. Meniére, after a series of conclusive experiments, shows Dr. Martineau to be mistaken. In health, he states, the

vulvo-vaginal mucus is slightly acid, and the uterine slightly alkaline, the vaginal tending to increased acidity in proportion to the debility of the subject or the activity of the disease; and the uterine, under similar circumstances, tends towards diminished alkalinity. He cites Dr. Donné's experiment, which establishes that sterility often depends upon the marked acidity or increased alkalinity of the utero-vaginal discharges which destroy spermatozoa, thereby preventing conception. He also points out how Charrier, acting upon this clinical hint, cured some cases of sterility by ordering his patients injections of Bicarbonate of Soda. Dr. Meniére also found that when the vulvo-vaginal discharges were unduly acid, they favored the formation of micro-organisms which interfere with conception by sterilizing the spermatozoa. In fine, this is a very interesting paper, and should be carefully read by gynæcologists familiar with the French language.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK, Vol. XX, 1885.

This volume of 300 pages cantains the papers and proceedings of the annual and semi-annual meetings for 1885. The range of topics is extensive, embracing nearly every department of medicine, above the average in quality and evince care in preparation; but many excellent papers are sadly marred by careless proof-reading. We would suggest that authors have their mss. copied by a type writer or demand a "proof" before printing. The publisher is not always to blame, as it is sometimes impossible to unravel the tangled chirography of a busy doctor when his paper is hastily completed the night before the meeting of the society. The volume contains as a frontispiece a steel engraving of the treasurer, Dr. E. S. Coburn, of Troy, of whom this as well as complete sets of the transactions can be procured. They form a valuable addition to a library.

POEMS OF THE ROD AND GUN. By Isaac McLellan, the Poet Sportsman. New York: Henry Thorpe, publisher, 98 Nassau st. Large 12mo. Pp. 271: Cloth, $2.00.

The accomplished and well-known sporting author, Mr. Charles Hallock, says: "For half a century McLellan has sung to animated nature in the forests, and his voice has still the clarion ring of the bugle, albeit it is the bugle deep down the vale." What G. P. Morris was as a song writer, McLellan is as a poet on field sports—each a master in his own special field. The author was a classmate of Willis, Longfellow, Hawthorne, S. S. Prentiss and Cheever, and en-

joyed the companionship of Daniel Webster with the rod and gun at Marshfield and Brant Rock. While Prentiss and McLellan were passionately fond of rod and gun, neither Willis, Longfellow nor Hawthorne cared for them.

This volume contains 180 poems on sporting themes from nearly every part of Europe and America, and will be enjoyed by every lover of field sports. The following exquiste gem explains the frontispiece engraving:

"THE SHOT AT THE START."

The sun had tipped the horizon's edge,
  Launching in air a shaft of gold,
Across the stream athwart the sedge,
  And where the rippling currents rolled;
A boat was pushing from the shore,
  A fowler's heart beat high with glee,
Yet ere the boatman touched an oar,
  To reach a wooded island near,
An early flock on rushing wing,
  Flew o'er the stream's pellucid face;
When sudden a report did ring,
  And ceas'd a wild-duck from the race.
The artist hath depicted well
  The "Starting Shot," and what befell.

THE PHYSICIAN HIMSELF. By D. W. Cathell, M. D., Baltimore. Cushing & Bailey. Fifth edition. Pp. 284, 8vo; Cloth $2 00.

A striking feature of this book is the ludicrous attempt of its author to enlighten his bretheren on the subject of Homœopathy. In this apparently useless effort, his sarcasm, though mild, is only equalled by his ignorance of the subject. Here are a few specimens: "Now, although Homœopathy is somewhat fashionable, when a case actually requires medicine you can make very little if any rational use of its so-called principles, which rest on the following foolish creed: 1*st. Curative remedies for the sick can be selected only by a study of provings on persons in health.* 2*nd. Every remedy must be given by itself.* 3*rd. The similar and single remedy must be given in its minimum dose, i. e. the smallest dose sufficient to effect a cure in the case.* These are the three legs upon which Hahnemannism is supposed to stand; an essential *triune* an *inseparable* unit. Violation of any one of these principles by the faithful is a confessed rejection of the whole. You will observe at a glance that this is exactly two-thirds nonsense; that the first and second postulates are sophistical and untrue and hence should be rejected, and that the last is a rule which nobody denies."

"Here is the true test as to whether you are practicing Homœopathically or not: Were you to examine your patient and ask yourself; *What is the best treatment known in the world for a case like the one before me?* and give him that without regard to either creed or boundary, you would be practicing *rational* medicine. If, on the contrary, you were to examine a case and ask yourself; *What article would produce a totality of symptoms similar to these, in a well person?* and give him the one which you thought would come the nearest to doing this, you would be practicing homœopathically. Now it is safe to conclude that if you practice medicine forty years you will never set down by an ill man's bed side and ask your self, 'What agent would produce a disease similar to this or symptoms similar to these, in a well person? and attempt to simulate it in your treatment. [Well, that is just what several thousand homœopathic practitioners in America are doing every hour in the day. But our author has yet to learn that drugs do not produce *diseases* only *symptoms.*]

"It is also safe to predict that while reason remains your mistress, you will never seriously entertain much less follow, a system of medicine that in dogmatically seeking similars, arrives at poison oak as a remedy for erysipelas [it has cured hundreds of cases when symptoms corresponded], croton oil as a remedy for cholera infantum, [try it], mercury for mumps, [equally good], tartar emetic for typhoid-pneumonia, [the remedy when indicated], opium for apoplexy, [equally good], strychnia for convulsions, and a countless myriad more of similar nonsense. While it is universally admitted that quinia cures intermittent fever, who ever heard of its being homœopathic to the periodic feature of that disease? [it was the periodic feature of Cinchona that converted one allopath, a certain Samuel Hahnemann] and yet where is the homœopath that does not in periodic fevers, administer sugar-coated quinine pills in full dores? [There are hundreds of them who do not, and yet cure cases that cannot be cured by full doses of quinine.] "Podophyllum is the favorite cathartic of the homœopath. Does it cause constipation?" Most certainly it does, as does every cathartic in the Materia Medica. Let our author take a grain or two every day for a month, and honestly report the result in the next edition. In this way he will be able to speak from experimental not theoretical knowledge, and his opinions will be worth something. But we have quoted enough to illustrate the dense ignorance of a would be teacher of a scientific subject, who like his esteemed fellow laborer in the U. of M. had better tarry in Jericho until his beard grows.

PAMPHLETS RECEIVED.

BODILY POSTURE IN GYNÆCOLOGY. By J. S. Donaldson, M. D., New York. Reprint from *American Journal of Obstetrics and Diseases of Women and Children*. 1885. Pp. 24.

NEW YORK CANCER HOSPITAL. First annual report, with illustrations.

DIPHTHERIA AND ITS MANAGEMENT. Are Membranous Croup and Diphtheria distinct Diseases? By J. E. Winters, M. D. New York: Reprint from the Medical Record.

SOME FEVER EXPERRIENCE. By Charles Mohr, M. D., Philadelphia. Reprint from Transactions of the Homœopathic Medical Society of Pennsylvania. 1885. This will repay a careful perusal.

QUARTERLY COMPENDIUM OF MEDICAL SCIENCE. Edited by Drs. Brinton and Edwards, Philadelphia. pp. 144—$2.50 per year. January, 1886, is a very interesting number.

VARIATIONS DE COMPOSITION ET REACTIONS CHIMIQUES DES HUMEURS NORMALES AND MORBIDES DE L'APPAREIL GENITAL DE LA FEMME. Par Le Dr. P. Méniére. Paris. 1885.

OBSERVATIONS UPON THE MUTUAL RELATIONS OF THE MEDICAL PROFESSION AND THE STATE. Address by Donald McLean, M. D., President of the Michigan Medical Society.

HOMŒOPATHIC FREE DISPENSARY ASSOCIATION OF WASHINGTON, D. C. Third annual report.

ABNORMAL POSITIONS OF THE HEAD. WHAT DO THEY INDICATE? By Edward Borck, M. D., St. Louis: Reprint, Medical and Surgical Reporter.

THE SANITARY PROTECTION OF NEW ORLEANS, MUNICIPAL AND MARITIME. By Joseph Holt, M. D., President of the Board of Health of Louisiana. Reprint from "The Sanitarian." Read before the American Public Health Association, Dec. 10, 1885.

THE CENTURY FOR MAY is a very interesting number. Among the illustrated papers should be mentioned the chapters on the war, which include General McClellan's last magazine article, with a facsimile, it is supposed, of the very last paragraph written by him for publication. It is a matter of interest that this paragraph is a passionate expression of comradeship with the survivors of the Peninsular Campaign. A year before his death General McClellan consented to write a paper on the Antietam Campaign. Not long before his sudden illness he began its preparation. The consecutive notes which he left, and which are briefly introduced by his literary executor, Mr. William C. Prime, cover the period from the withdrawal from the Peninsula to the concentration for the attack upon Lee at

Atietam. In personal interest and vigor these notes are remarkable, as well as historically important. The seventh chapter of Mr. Goss' "Recollections of a Private" deals with the period of the reappearance of "McClellan at the Head of the Grand Army." General D. H. Hill also describes, with stirring anecdotal interest, "The Battle of South Mountain," which was the severe conflict preliminary to Antietam; and in conclusion advances a very interesting reason for the ready and lasting return to good fellowship between the sections.

EDITOR'S TABLE.

E. HASBROUCK, M. D., has removed to 369 Ninth Street, Brooklyn, N. Y.

DR. M. M. EATON has removed his office to 60 East Fourth St. and residence to Walnut Hills, Cor. Park Ave. and McMillan St.

BABES has experimentally demonstrated that the comma bacillus will not grow in beer or wine. Why seek further for a preventive of cholera?

CORRECTION.—In our March issue we inadvertently credited the translation of Ameke's History of Homœopathy, to Dr. Dudgeon. It was translated by Alfred Drysdale, M. D., of Cannes, France, and edited by Dr. Dudgeon.

REMOVAL.—We note with pleasure the removal of Farnsworth's Pharmacy to larger and more commodious quarters. This is necessitated on account of increase in the business which certainly speaks well for one of our Michigan Pharmacies.

CHOLERA has again made its appearance in Spain and Italy, and is likely to be an annual visitor for some years to come if we may judge from former epidemics. In 1829 it did not expend its force until 1836; in 1847 until 1855, and that of 1865 until 1873.

T. C. DUNCAN, M. D., for twenty years editor of the *United States Medical Investigator* resigns to accept the position of Medical Director of the Homœopathic Aid Association "recently organized in Chicago to insure the homœopathic public on the mutual assessment plan."

MILWAUKEE PHARMACY.—Dr. Sherman has issued a very neat price list of his Pharmaceutical preparations, books, cases, instruments and miscellaneous articles; but we wish especially to call attention to his correct pronunciation of the remedies. If every physician would keep one on his office table, and when in doubt as to spelling, pronunciation or capitalization refer to it, he would find it a great convenience.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.—We are pleased to announce that the next course of lectures in this institution will begin Sept. 14, 1886, in a new college building, especially arranged and adapted for college purposes. The building is conveniently located on the corner of Jefferson Ave. and Howard St. and the college term has been increased to six months. This is a step in the right direction and we are pleased to see our St. Louis friends taking an advanced position in medical education.

D. H. BECKWITH, M. D., has been elected a member of the Ohio State Board of Health and of the Board of Health of Cleveland. He is the only homœopath on the State Board and is appointed for five years. The working man is the man who wins; and the profession in Ohio is to be congratulated on having a representative who will always be at his post, and one whom it will not be easy to "buldose" on the question of "pathies." We congratulate Mr. Beckwith.

A NEW HOSPITAL.—Wilmington, Del. is a city of 60,000 inhabitants, without a hospital of any kind. The claim is made that "fully one-half the population, and at least two-thirds the wealth" prefer and employ the homœopathic practice." Through the efforts of Mrs. J. Taylor Gause the enthusiastic champion of Homœopathy in Wilmington, the experiment of a homœopathic hospital is about to be tried. If it prove a success it will be endowed and established on a successful basis. Do not hesitate on the score of medical treatment. There is no reason why the law of the similars should select Wilmington for its first failure. We wish the enterprise God speed.

CONGRATULATIONS.—We are pleased to note that Prof. Dowling's two sons, John W., Jr., and George B., graduated from the New York Homœopathic College at the recent commencement of that institution. John W., Jr., who is a graduate of Columbia College, has already received the degree of Doctor of Medicine from the Regents of the New York University, after qualifying before the State Board of Examiners. At the commencement exercises he was presented with a valuable microscope, the first faculty prize for the highest standing in all of the branches taught throughout his entire period of study. He also received Prof. Alcot's prize of fifty dollars in cash for the best written report of his lectures. Both of Prof. Dowling's sons will locate in New York City, and we predict for them a successful professional career.

AMERICAN INSTITUTE.—Bureau of Surgery, 1886. The special subject selected for consideration and discussion this year at the Saratoga meeting is Inguinal and Femoral Hernia. It is hoped that by the efforts of the members of the Bureau, together with the assist-

ance of all members of the Institute who have had any experience with these forms of hernia, a valuable monograph on this subject will be prepared. The report of special cases, methods of operating, improved surgical apparatus, treatment, either surgical or medical, radical or palliative, and especially the action of homœopathic remedies in cases of hernia, will be of great importance. Although the special subject of the Bureau is limited to Inguinal and Femoral Hernia, yet communications of surgical value and importance are solicited for presentation to the Institute. These may be addressed to the Chairman or any member of the Bureau, at any time previous to June 15, 1886.

I. T. TALBOT, M. D., *Chairman*, 66 Marlborough St., Boston, Mass.
W. L. JACKSON, M. D., *Secretary*, 84 Dudley St., Roxbury, Mass.
WM. TOD HELMUTH, M. D., 299 Madison Ave., New York, N. Y.
GEO. A. HALL, M. D., 2400 Prarie Ave., Chicago, Ill.
J. H. McCLELLAND, M. D., 411 Penn. Ave., Pittsburg, Pa.
J. E. JAMES, M. D., Cor. Tenth and Green Sts., Philadelphia, Pa.
H. L. OBETZ, M. D., Ann Arbor, Mich.
S. B. PARSONS, M. D., 1226 Washington Ave., St. Louis, Mo.
M. O. TERRY, M. D., 196 Genesee St., Utica, N. Y.
C. E. WALTON, M. D., Hamilton, Ohio.

D. E. SPOOR, M. D., removes from Warrensburgh to Schenectady, New York.

GEO. M. OCKFORD, M. D., has located in Lexington, Kentucky, and formed a co-partnership with Dr. J. F. Edgar, for general and consultation practice. Ought to make a good team.

MISS ROSE C. WILDER, M. D., has resigned the position of physician to the Industrial School for Girls at Adrian, Michigan, and removes to Akron, New York.

THE ADVANCE. Volume XVII begins with July. We expect to don an entire new dress, new type, heavy tinted paper, etc., etc., and no effort will be spared to make its contents valuable. All this costs money. See our premium offer on advertising page 4.

Ho! FOR SARATOGA. For members in the East the regular summer excursion rates to Saratoga can be had on all roads. For the West, if a sufficient number can be obtained a special excursion train with dining car attached will be run by the Michigan Central or Wabash, via. Niagara, from Chicago to Saratoga without change. Members intending to go should notify Dr. Cowperthwaite, as one object is to leave Chicago early enough to reach Saratoga Monday evening in time for preliminary meeting. Rates for round trip, one fare and a third.

HOMŒOPATHIC COLLEGE (U. OF M).—Another strike. By resolution, the allopathic faculty have declined to examine or issue certificates in anatomy, chemistry, physiology, histology and urinary analysis to homœopathic students. We shall ventilate this action in our June issue.

SEE our premium offer on page 4 of advertisements.

OBITUARY.

FRANCIS WOODRUFF, M. D., was born in Seneca county, New York, March 15th, 1821. He was a descendent of sterling revolutionary stock, his grandfather having served during the war, and the old flint-lock musket which he carried through many a stormy scene being still retained as a family heir loom. His father was a native of New Jersey and his mother of Massachusetts. His father was for many years in public life serving as a member of the New York legislature. One of his brothers is at present a State Senator of Michigan. During the tide of emigration in 1836, when only fifteen years of age, his parents came to Michigan—then the far West—and settled on a farm in this county, where his youth and early manhood were spent in the toils and vicisitudes incident to pioneer life. To his indomitable perseverence and unflagging industry he was largely indebted for his professional attainments, as his early educational advantages were meagre and chiefly confined to the brief attendance on the "district school" during the winter months of each year.

His attention was first directed to medicine by one of those accult agencies which often "shapes our ends, rough hew them as we may." In 1846 an alarming illness in the family—a brother being attacked with "brain fever"—which baffled the skill of the attending physician, Dr. Thomas Blackwood, the pioneer Homœopath in this county was called as a dernier resort and like many similar cases a most gratifying recovery followed. This decided his choice of a profession. Under the direction of Dr. Blackwood he began the study of medicine in 1848-49 and the following year entered the medical department of the University of Michigan. It is said—*setto voce*—that with three other students he assisted in placing on the table and in dissecting the first subject that was dissected in the anatomical rooms. In college he was known as a homœopathic student. With him disguise was impossible and his outspoken convictions of the justness of his cause, and his dogged opposition to much of the teachings of so-called scientific (?) medi-

cine, did not tend to smooth his student's pathway in the U. of M.

In the following year he attended lectures in the Western Homœopathic College at Cleveland, O., where at least he found more congenial spirits, graduated in 1852, and in May of the same year removed to Ann Arbor and began the practice of Homœopathy. For many years he was the only Homœopath in this part of the country, and his "ride" extended for miles in every direction. Here he upheld the banner until 1875 when, on the death of Dr. Drake, he was persuaded to remove to Detroit, where the last ten years of his life was spent.

He was one of the earliest and staunchest advocates for the establishment of the Homœopathic College in the University of Michigan, and in his death the college has lost one of its firmest and truest friends. Firm in his advocacy of right and true to his convictions of duty, he had the manly outspoken courage to defend his principles under the most adverse circumstances; and, it is unnecessary to add that he always practiced what he preached.

At a meeting of the homœopathic physicians of Detroit, held at the office of Drs. McGuire and Sterling, 35 Lafayette avenue, to take suitable action on the demise of Dr. Woodruff, Dr. E. P. Gaylord was called to the chair, and on motion, Dr. H. H. Crippen was appointed secretary.

Dr. Bailey in a brief eulogistic speech stated the object of the meeting, and moved that "We, as homœopathic physicians of Detroit, attend the funeral of Dr. F. Woodruff in a body and escort his remains to the depot."

On motion of Dr. R. C. Olin, a committee of three was appointed by the chairman to draft appropriate resolutions in memory of Dr. Woodruff. The chair appointed Drs. W. M. Bailey, C. C. Miller, and F. X. Spranger. The committee reported the following:

One by one the sturdy oaks fall, and on the 18th of April Dr. F. Woodruff, one of the pioneers of the homœopathic school in Michigan answered the call of the last messenger, death.

Resolved, That we hereby testify our appreciation of the strong will and devotion to principle which enabled him to continue steadfast in advocating and practising what he believed to be the true and best method of healing the sick at a time when, to be known as a homœopath, was to be denounced as a quack, scoffed at, and ridiculed by physicians of the other school.

Resolved, That we extend to the family of the deceased our sincere sympathy in their bereavement, and may an allwise Providence give them fortitude to bear their affliction.

W. M. BAILEY,
F. X. SPRANGER,
C. C. MILLER,
Committee.

PUBLISHER'S DEPARTMENT

LOCATIONS. Southern Kansas is rapidly filling up with Homœopathic physicians.

VALUABLE PRACTICE FOR SALE. Homœopathic practice of about $4,000 a year (over 80 per cent. collectable), in a rapidly growing New England city of 40,000 inhabitants. Good class of patrons. Ample chance for extension. Thorough investigation invited. Reason for selling, "Bad Health." References given and required. Address for full particulars, *The Medical Advertiser*, Manchester, New Hampshire.

THE ALMA SANITARIUM, erected by Mr. A. W. Wright at Alma, Michigan, is said to be one of the finest and most complete sanitariums in the United States. At least, the enterprising proprietor has spared neither time nor money to make it complete in all its appointments. It opens May 1st, under the medical management of Dr. A. B. Spinney. It ought to become one of the popular health resorts, for which Michigan is becoming famous.

KIDDER'S SCALE PEPSIN; A TRIUMPH IN CHEMISTY.—After more than two years of hard labor, many annoying disappointments and great expense, Wm. F. Kidder & Co., of New York, have succeeded in producing a NON-HYDROSCOPIC CRUST PEPSIN of very superior digesting power. Herman Endeman, chemist for the board of health of Brooklyn, in the *Apotheker Zeitung* reports that he has tested this Pepsin by the beef process, and finds that it digests more than double the quantity of any Pepsin in the market. The chemist of one of the best known drug houses in the country says: "In my hands the Crust Pepsin manufactured by Kidder & Co. has proved the most effective ferment I have ever tested. One grain easily dissolves one thousand grains of egg albumen. Moreover, it shows a uniformity of strength not found in the commercial article." For druggists and manufacturing chemists, the great advantage of this preparation will be readily seen. One grain of this Pepsin with 19 grains of sugar of milk will make a saccharated pepsin U. S. Phar. 1880; while in Jensen's, one of the best of the old preparations, it requires 5 grains to 15 of sugar of milk (according to their own statements) to obtain the same results, hence this would be as cheap at $7.50 per ounce as Jensen's at $1.25, the usual price. Every advance of this kind in chemistry only makes it easier for the physician to feed his patients in cases where the stomach absolutely rejects all nourishment. An increase in quality without increase of price.

THE
MEDICAL ADVANCE.
A MONTHLY JOURNAL OF MEDICAL SCIENCE.

H. C. ALLEN, M. D., Editor and Publisher.

To whom all subscriptions and business communications should be addressed. The Editor is not responsible for the opinions of contributors or correspondents. The date to which subscriptions are paid will be found on the address on wrapper of each number.

PLEASE NOTE.—To accommodate both publisher and reader this journal will be sent until arrears are paid and it is ordered discontinued.

VOL. XVI. ANN ARBOR, JUNE, 1886. No. 12

ORIGINAL CONTRIBUTIONS.

ELECTRO-MAGNETIC PROPERTY OF REMEDIES.

J. D. GRABILL, M. D., San Antonia, Texas.

Every substance in nature has its own peculiar power when brought in contact with another substance, and in each instance produces certain effects, and in this manner will turn the scale of polarization from right to left, from left to right, or neutralize the effect of one or both. Or in other words, drugs produce disease because they have a special relation to, or affinity for, the tissues or organs yielding the function. Under this head may be arranged any agent or force capable of producing disturbed function, or a morbid process, by increasing or diminishing functional activity, by stimulating or by exhausting the nerve supply of any organ or organs of the system.

All remedies have three modes of action on the system; the positive, negative and electro-magnetic.

By the effects produced we determine their scale of polarization.

A strong argument in favor of this theory, founded on the easily proven fact that the direction of the current is determined by the kind of effect each substance has on the body, the side least affected being always the positive. Let me illustrate. Take two polished plates, one iron the other copper, connect them by wires with a galvanometer and then immerse them in a solution of an alkalic sulphide. The needle in a moment indicates a powerful current passing from the copper through the liquid to the iron and back again through the wire.

Let the plates be removed, cleaned and placed in dilute acid, the needle is again drawn around, but in the opposite direction, the current now passing from the iron through the liquid to the copper. In the first instance the copper is acted upon, and not the iron; in the second the iron and not the copper. First, iron positive; second, copper positive.

Let us see what chemistry has to say about the polarity of the carbo-hydrates. Page 621, Fowne's Elementary Chemistry, carbo-hydrates are divided into three groups, with the following heads: Glucoses, Saccharoses and Amaloses:

GLUCOSES.	SACCHAROSES.	AMALOSES.
+Dextrose or Grape sugar.	+Cane sugar or Saccharose.	+Starch.
	+Parasaccharose.	+Dextrine.
—Fruit sugar or	+Melitose.	+Glycogen.
—Levulose.	+Melezitose.	—Inulin.
0 Mannitose.	+Trehalose.	—Cellulose.
+Galactose.	+Mycose.	0 Tunicin.
0 Inosite.	0 Synanthrose.	0 Gum.
0 Sorbin.	+Milk sugar or Lactose.	
+Encalyn.		
Dambose.	+Maltose.	

Those marked with a + turn the plane of polarization to the right, those marked with a — indicate rotation to the left, and those with a 0 are neutral so far as known.

You will see at a glance that the most of these compounds are found in the vegetable organism, while a few, such as Dextrose, Lactose, Glycogen, and Inosite, occur in the animal organism.

Suppose that a person, in selecting his diet, selects such articles only as turn the plane of polarity to the right, what would be the result? The electric current passing through the body would be from right to left. But on the other hand, if the food was selected from the group which turns the plane to the left, the electric current would pass through the system from left to right. In this manner you can have the positive and negative action of food on the system. Continue the diet in the first group, and were the person to become sick (and he undoubtedly would) the symptoms first complained of would be on the right side, then pass to the left. But suppose the diet to be composed of the second group, the appearance of the symptoms would be reversed. Now if the third or neutral group were to compose the diet, just as long as the secretions of the body were normal, all would go along harmoniously; but if there should be an acid condition of the system the scale of polarity would be turned to the left. If of an alkaline condition the scale would be the reverse.

We will now take two of our best proven drugs and see if we can substantiate our proposition.

First, in Lycopodium, we have a drug that turns the plane of polarity from right to the left.

How do we know this? First, by the aid of chemistry, and second from the fact that in the proving of this drug, the reliable symptoms all make their appearance on the right side, then pass to the left. The Lycopodium sore throat always makes its appearance on the right side, then passes to the left. The pain and rumbling in the bowels begin on the right side and pass to the left, and if you will take the trouble to investigate you will find that the pains all make their appearance on the right side, then pass to

the left, proving at once that the right side is the most acted upon. This being the case, the electric current passes from right to left, the negative in this case being on the right side.

Again, take Lachesis; you have here a drug that will turn the plane of polarity from the left to the right, the effect on the system being the reverse of Lycopodium. The sore throat of Lachesis begins on the left and passes to the right, and the symptoms in the proving of this drug make their appearance first on the left side, then pass to the right, thus showing in this instance the negative pole on the left.

If a person should take Lycopodium in such doses as to produce the positive and negative effects, what would be the result? When a voltaic current of considerable power is made to traverse various compound liquids, a separation of the elements of those liquids ensues. The elements are disengaged solely at the limiting surfaces of the liquids, where (according to a common mode of speech) the current enters and leaves the latter; in this case, where a nerve enters an organ and leaves it. These elements are not separated indifferently and at random at these two surfaces, but, on the contrary, make their appearance with perfect uniformity and constancy at one or the other pole, according to their chemical character, viz., oxygen, chlorine, iodine, and the acids are disengaged at the positive pole, while hydrogen and the metals are disengaged at the negative pole.

This, I judge, is enough to prove at once that by taking drugs into the system, you invariably produce an electro-chemical decomposition; and, in doing so by the separation of the elements, you produce a chill, while by the union of the elements you produce fever. A direct consequence of this proposition is, that the separation of any two bodies is attended with the absorption of a quantity of heat equal to that which is evolved in their combination. This accounts for the chill always preceding fever.

Let us now ascend a few planes higher, and see what observations we can make. The magnetic action of different substances, which are capable of being easily moved, differ not only according to their size, but also according to the nature of the substance. In consequence of this, Faraday divides all bodies into two classes. He calls the one paramagnetic, the other diamagnetic. The matter of which a magnetic body consists is attracted by both poles of a horse shoe magnet. On the contrary, the matter of a diamagnetic body is repelled. When a small iron bar is hung by untwisted silk between the poles of the magnet, so that its long diameter can easily move in a horizontal plane, it arranges itself parallel to the magnetic axis of the poles, and if the little bar is removed from this position, it returns after a few oscillations to its former position. The whole class of magnetic bodies act precisely the same under similar circumstances. Diamagnetic bodies, on the contrary, have their long diameters placed at right angles to the magnetic axis. They behave as if at the end opposite to each pole of the magnet the same kind of polarity existed.

Under the head of magnetic bodies we have, first, iron, which is the best representative, then nickel, cobalt, manganese, chromium, cerium, palladium, platinum, aluminum, oxygen, and most of the compounds of these bodies.

There are a large number of substances that are only feebly magnetic, such as paper, sealing-wax, india ink, porcelain, asbestos, fluor spar, cinnabar, binoxide of lead, sulphate of zinc, graphite, charcoal, etc.

In the second class, or diamagnetic, we have a very large number of substances, such as bismuth, antimony, zinc, tin, cadmium, sodium, mercury, lead, silver, copper, gold, arsenic, uranium, rhodium, iridium, phosphorus, iodine, sulphur, chlorine, hydrogen, sugar, starch, wood.

If in any of the above named compounds a small quantity of iron exists, the peculiar magnetic power remains more

or less in excess. When diamagnetic and paramagnetic bodies are combined, their peculiar properties are more or less neutralized.

Physiology teaches us that when all the organs of the body perform their functions in harmony, then we have health; or, in other words, when all the batteries in the system are connected, then we have a continued current of electricity passing through the system, and we have no waste—only the wearing of the batteries, as there seems to be no point of entrance and exit, consequently everything works in harmony, each organ performing its own function, and the residuum or waste is carried off through their natural channels. Break the connection between any of these organs by administering any one of the paramagnetic bodies in excess and what would be the result? An electro-chemical decomposition would take place immediately, or, in other words, oxygen, chlorine, iodine and the acids would be disengaged at the positive extremity, while hydrogen and the metals would be disengaged at the negative extremity; the organ being now unable to relieve itself, you have this chemical change taking place all the time that the connection is severed; and the longer the current is unconnected, the more of a change takes place in the system. In this manner the entire system can be deranged, or diseased, as you see fit to call it.

Suppose that all the organs of the body are performing their functions in harmony, and you administer a substance of a diamagnetic property, and it comes in contact with a substance in one of the organs of a paramagnetic property and neutralizes it, what would be the result? Identically the same as in the first instance. In the former instance the change is brought about by an excess of one or the other substance, while in the latter the change is brought about by deficiency of the substance.

How much of a quantity of any substance will it take to break this equilibrinm? Anything from the ordinary dose

of allopathy down to such a dose that there is not an instrument made with a touch so delicate that will detect it. You might as well attempt to weigh the magnetic force of a horse shoe magnet. For example: let a light feather be suspended by a thread of white silk, and a dry glass tube, excited by rubbing, be presented to it, the feather will be strongly attracted to the tube, adhere to its surface for a few seconds and then fall off If the tube be now excited anew, and presented to the feather, the latter will be strongly repelled. Now, let the feather be brought in contact with the excited glass, so as to be repelled by that substance, and let a piece of excited sealing-wax be presented to it, a degree of attraction will be observed far exceeding that exhibited by the feather in its ordinary state. Or, again, let the feather be made repulsive for the sealing-wax, and then the excited glass be presented, when strong attraction will ensue.

If by rubbing a tube of glass, or a piece of sealing-wax, such a force as this can be brought into existence, what can be expected from a medicinal substance triturated and potentized in the manner that our homœopathic drugs are potentized? Run them as high as you please, and you can never get beyond the electro-magnetic property or dynamic force of any substance, and I have no doubt but that the time will come when instead of asking the question, how high can a drug be used and have good results? will be changed to read, how high must a drug be used in order to prevent bad results? How much of a change takes place in the atmosphere to make one remedy act best this week, while another will act best next week?

What is there in the 55 m. potency of Sulphur to produce on four different persons the fear of taking another dose of that medicine, as they say: "I don't want to sleep with my feet out of bed all night, and be forced out of bed every morning at five o'clock."

What is there in Thuja 1 m. (seven powders) that will

remove a wart as large around as a pea on the first joint of the index finger on the right hand, that had been there for five years? Or in Causticum 1m. that removed a wart from the nose as large as a silver three-cent piece, that had been there as long ago as the person could remember, and she is now fifty-five years of age? Or again, in Argentum nit. 1m to cure a case of dysentery that I had doubt of recovering, selected from this one symptom, "desire for cheese." I might mention a number more, but will report at some future time.

AN IMPORTANT EXPERIMENT FOR HOMŒOPATHY.

From *Alg. Hom. Zietung.*
Translated by A. McNEIL, M. D., San Francisco.

The following are fragments from a detailed report in *Le Temps*, of August 22, 1885. New and extraordinary facts were laid before the Congress at Grenoble, (France) by Dr. Bourra and Burot, members of the "Ecole de Medicine Navale" (Naval Medical College) at Rochefort. "The power of medicines has been doubted by many. Now, however, it is shown that they act on the organism, even without coming in contact with it." Thus, the report in question begins. It excites the attention of those medical men, and how much more that of the homœopaths.

We omit the history of the young person who was the subject of the first experiments, only remarking that his past life was perfectly adapted to make him a responsive or highly sensitive individual.

This young man who was subject to epileptic convulsions reacted when metals as zinc, platina and iron were brought near to him. But the most striking was the effect of gold. Not only did the direct contact of it produce intolerable burning; but this burning was perceived if it were placed at a distance of ten to fifteen cemeters (two and a half to three and three-fourths inches) even if his clothing inter-

vened; in fact, when it was held in the closed hand of the experimenter.

We are thus reminded of the provings of potencies, certainly at almost fabulous heights of the six millionth attenuation by Dr. Buchmann. If we are not mistaken, he thus experimented with Lycopodium and also Gold which the prover held in his hand in a closed vial. The results of these experiments doubted by so many gain now in credibility and importance.

Further, it should be remembered, that Prof. Jäger asserted that Gold and Natrum muriaticum could be distinguished in the 500th dilution by smell, and that in one person tears flowed as an expression of its physiological effect. Also Jäger's Neural Analysis receives in the transactions at Grenoble a powerful corroboration.

Yawning and repeated sneezing arose from the approximation of a crystal of Iodide of Potash to this individual with an extremely intensified sensitiveness. "The well known physiological irritant effect of the Iodide of Potash on the nasal mucous membrane was observed. "The astonishment reached its height when by the proximity of Opium its sleep-producing properties were manifested. When a quicksilver thermometer was brought near to him, yet not allowed to touch him, convulsions followed and a contraction of the limbs. Chloride of Gold in a corked vial was placed at a distance of some centimeters; it had an analogous effect to pure gold.

These tests were so striking that those present could scarcely believe their eyes. The experiments were then repeated under the most diverse circumstances by the assistance of colleagues who instituted counter tests but the results were always alike.

The second subject was a woman. She is 26 years old and had had nervous attacks in her eleventh year. She had spent 18 months with Charcot, in the Salpetrière in Paris, during her pubertal crisis from her 18th to her 20th year.

They discovered in Rocheford when examining her for admittance that the entire right side of her body was without sensation, while her left was so hyper-sensitive that she could not tolerate a touch.

She, like the first subject, is the picture of hysteria and destitute of all equipoise. Drs. Bourru and Burot invited the director of the *Ecole de Médicine Navale* at Rochefort, Dr. Duplong, to witness the experiments. The professors and students also came and everything was conducted most carefully and conscientiously. A vial of Jaborandi was placed near her. Almost immediately sweat broke out which was followed by salivation.

One of the experimenters had two vials of equal size in his pockets. They were both wrapped in paper and he intended to place her under the influence of Cantharis, but she behaved as if under the influence of Valerian. The experimenter was completely puzzled. He examined and discovered that instead of using the vial of Cantharis as he intended he had employed that with Valerian. All the spectators went away convinced, and Duplong, sceptic that he was, against his will (Malgre lui).

Dr. Mabille of Lafond (la Rochelle) to which one of the subjects was brought, repeated all these experiments. He performed them with the *Societé de Médicine* and the *Societé des Sciences Naturelles* as witnesses.

System was now introduced into the experiments. First the substance was placed in contact with the skin. Then, after the successful result with quicksilver in an enclosed space, the substance was placed in hermetically sealed vials which were wrapped in paper so that neither the patient nor the assistant and often the experimenter could know what the contents were.

The action of Gold at a distance of five to ten centimeters through the clothing was the subject of a third series of experiments. The following passages which are of particular interest are given verbatim.

"The energetic action of certain poisons as the alkaloids and the essential oils made it advisable to employ diluted solutions instead of the substances themselves. Thus they escaped too violent toxical action which might even cause danger. In this way mild and characteristic symptoms were obtained and too strong impressions and reactions avoided.

The substances appeared to act on every part of the body, but their action is more rapidly and easily produced if the head is chosen as the point of application. The experiments were now carried on by attracting the patients attention by any entertaining subject while some one placed the medicinal substance enclosed in a vial or wrapped in paper close to the patients occiput. Its action began after two or three minutes, many times in less."

"The first period is not well marked. The patient was insensible; did not move, and was unconscious. His morbid disturbances of motility and sensation completely disappeared. Soon after a picture is unfolded which partially reminds one of the drugs known physiological and toxical action. But with most substances entirely new and extraordinarily energetic phenomena appeared."

"The greatest difficulty consists in discriminating between the accidental and essential. Thus in the premonitory stage the drugs sometimes produce insignificant phenomena which reminds us of hysterical attacks, great movements and distortions, and sometimes sleep or delirium. But all these symptoms differ from the hysterical attacks in their slowness and mode of development. These are the reaction of the nervous system which vary in different persons, and these must be separated from all which are accidental."

"All narcotics produce sleep, but that of each is different. From Opium the sleep is heavy and he cannot be awakened; when he wakens he is tired and feels a heaviness in his head. From Chloral the sleep is lighter and is easily dis-

turbed. Morphine causes a sleep similar to that of Opium. That of Atropine can be broken. Narcien causes a peculiar sleep accompanied by a flow of saliva; he awakens suddenly with an anxious expression. The sleep of Codein, Thebain and Narcotin is accompanied by more or less general convulsions."

"The emetics and cathartics also have marked differences in their effects. Apomorphine causes profuse vomiting with exhaustion, and enclination to sleep. Ipecacuanha produces salivation and less frequently vomiting with a special taste in the mouth. After Erritin nausea and a prostrated condition followed."

"The experiments with alcohol passed off very beautifully. The spirits of wine in their different forms always caused a cheerful drunkenness. That from grain on the contrary a furibund intoxication and an actual exhibition of rage. Aldehyd produced almost immediately a condition of complete prostration with stertorous breathing, inability to speak and distorted countenance. Absinthe cured a paralysis of the legs."

"To the astonishment of those present Aqua Laurocerasi, in the hysterical always produced the same "ecstacy" viz., a succession of visions of the Holy Virgin. At first they ascribed it to the Prussic Acid in the laurel leaves, but it was found that the dilute Hydrocyanic Acid caused convulsions; but only the volatile oil contained in the Aqua Laurocerasi, *per se*, produces ecstacy without at the same time causing convulsions.

Nitro benzin (essence de mirbane) has the same smell as Aqua Laurocerasi, but a different composition. Diluted in water it caused convulsive shocks in the entire body, the eyes were half open and there was soon perceived a rythmic trembling of the right arm. Then his arm arose as if he was drawing; he raised his head readily, and at times there was a slight trembling of the left arm. He said he had made a drawing. The hallucination differed essentially

from the ecstacy of Aqua Laurocerasi, although the order was the same."

"Valerian, which is usually considered a sedative produced in both patients a violent irritation with bizzare phenomena, as if they saw cats. They made movements as if riding, with snuffling sounds; they scratched the ground with both hands and tried to hide their faces in the hole they dug. If a vial of Valerian was concealed they would search for it, snuffing to find it. If they found it they would grasp it, scratch the earth, and thus repeat the scene. When the vial was hidden in different ways they always found it even against the will of the experimenter."

"The different essences have the great peculiarity, that when concentrated they cause violent motions, distortions and sad hallucinations. Diluted they call forth gentle and slow movements, which in their succession form with the cheerful hallucinations a clear picture."

"The anæsthetics cause very distinct irritation which recalled the beginning of the Chloroform intoxication which was followed by sleep."

"Phosphorus caused general trembling and frightful hallucinations."

"Cantharides caused an irritation which was quieted by Camphor."

"Finally, certain drugs cause striking symptoms, for example: Veratrin dry coryza, sticking in the nose and disturbed vision. Jaborandi and Pilocarpin, sweat and profuse flow of saliva which has the characteristic that it converts starch into sugar."

"It was found that one gramme of Alcohol to 100 of water had no effect; likewise, five to 100. It must be in the proportion of 15 or 20 to 100 to cause a slight intoxication. As to the length of time the substance or vial required to be applied depended on the individual. It required but little if it was placed upon the skin and held motionless. As to the portion of the body it seemed to be immaterial."

"These are the results which were obtained principally from the two persons before mentioned. Less sensitive persons were also tested; in every one, some influence was clearly observed."

"A hysterical patient without any complications was put to sleep by Chloral in a bottle placed in her hands. The sleep was slow in coming, but of the same character as above mentioned."

"In the clinic of Dumontpellier, Opium produced sleep in a patient afflicted with hysteria and epilepsy. In the clinic of Chucot, alcohol caused irresistable sleepiness, with heaviness of the head, staggering, moderate intoxication and vomiting in a female patient; all of the symptoms were removed by Ammonia. Another hysterical and epileptic female patient was immediately influenced by Alchohol, causing heaviness of the head, violent staggering and repeated attempts to vomit. In one of Brouardel's patients the spirits of wine acted particularly in the legs. He could not remain erect. Valerian caused heaviness of the head sopor, and a kind of intoxication—formication, dullness of the sensory nerves, general feeling of numbness, palpitation of the heart, cold extremities, trembling, obtusion. In a hysterical patient inclination to sleep followed Aqua Laurocerasi."

"Finally, in a young epileptic, vertigo and dullness of the head for several hours after Iodide of Potash."

The attempts to explain now follow. One stands before an enigma, but not without analogies.

We ought to accept these experiments as facts as we do not doubt the existence of the ether which we have not seen but only know from its effects.

The vibratory theory seems to be the most reasonable and must be the starting point of our explanation. Every substance has its atmosphere (Dunstkreis) like the magnet and highly sensitive persons are so endowed that they may perceive it a distance.

The transactions at Grenoble are and will remain an extremely important event for Homœopathy. How can they now honestly scoff at infinitesmals?

In disease the organism is sensitive to the specific medicinal irritant. Or we may say the diseased organ is endowed with an incalculably fine reactive power. Therefore Von Grauvogl calls the diseased organism the finest reagent which exists anywhere.

The consequences of the experiments of Drs. Bourru and Burrot cannot be avoided.

The existence of such exceptional persons as the subjects of these experiments is in my opinion a sort of atavism in a reverse or progressive sense. The future man, if Darwin is correct, will be gifted with such a highly endowed nervous system and the structure of the eye and ear which now appear so intricate in their nerve apparatus, will in perhaps a million years be infinibly refined. They will be not only as v. Rombirg calls the hypochondriacs "Virtuosi on the sensitive nerves" but also on the sensory ones, etc. But we have no right as a reporter to penetrate further into the realm of such speculations, however inviting it may appear, and "What nature will not reveal, thou cannot force from her with rack and thumb-screw."

CLINICAL MEDICINE.

Translated by S. LILIENTHAL, M. D., New York.

Cases treated by Dr. Hesse, Hamburg. (A. H. Z. 9 and 10, 1886).

CASE I.—*Rhus tox.* Mrs. S——, a hale and hearty woman, consulted the doctor on account of a trifling ailment which rendered her nearly desperate. It had existed already for six months and failed to be relieved by allopathic treatment. She complains of burning in the palm of the right hand with the sensation, as if she kept her hand in boiling water, *aggravated at rest, in the cold, by*

touching cold subjects, greatly aggravated in cold water and after midnight till morning; ameliorated by letting it hang down, by motion, warmth and in hot water. About 3 P. M. the hand and the whole forearm burns; she has to get up and run about till morning. The hand feels paralyzed and as if asleep for hours; if not anointed, it is as dry as an old glove. She is obliged to hold something light in her hand; otherwise she feels well.

July 8th. Arsenicum 6th, twice a day a powder.

July 16th. No change. Rhus 3x, twice daily two drops.

July 20th. After taking it for three days the pain becomes unbearable in the hand; she now feels out of sorts and sleepless. Placebo.

July 22. No relief. Rhus 200, daily one powder.

July 24. Pains relieved; sleeps better. Placebo.

August 1st. State the same; Rhus 30.

August 5th. Great improvement; wakes up about midnight, and then sleeps again till morning. Now sensation as if left hand was asleep and some vertigo. Placebo.

August 18th. Is well, she can work with her hand, even in cold water. During her last week of treatment an urticaria broke out and an abscess appeared below the left mamma, probably emanating from the periosteum of a rib. Would it have been better, to have begun immediately with the 30th, instead of loosing time with the third?

[I have the pleasure to be acquainted with Dr. Hesse, a disciple of Kunkel, and like all young converts, a devoted follower of the precepts of Hahnemann. The selection of Rhus was a splended one, as it is our great anti-paralyticum, the burning of the palm shows the paretic state of the vaso motors supplying it. Just let one try to hold a piece of ice in the hand and he will feel that the icy coldness at first produced by the contraction of the vaso motors is after a while followed by a burning sensation produced by paretic dilatation of the vaso motors and thus more blood flows through the bloodvessels. The pathogenesis of Rhus tox.

contains all the symptoms of the case, and we only feel sorry that Dr. Hesse did not allow his potencies more time to work out their salvation. The cure would certainly have been hastened by beginning the treatment with the two hundreth. The transfer from the right hand to the left with vertigo is an interesting point in the case, as Zurg has led our attention to such transfer in neuropathic cases. It also verifies the *modus operandi* of cure as promulgated by Gross and Hering].

CASE II.—*Lycopodium.* The preceding case shows a most unusual sensitiveness to low potencies; the two following ones are characterized by a particular sensitiveness to the 30th, even after one dose.

Miss R——, aged 56, a small built healthy woman, complains of dyspnœa, steadily increasing for the last eighteen months, so that speaking, walking or ascending stairs is sometimes nearly impossible. Her chief complaint is *bloating of the abdomen, worse from 4 to 7 p. m.*, increasing when walking in the fresh air, so that she is obliged to stop. Appetite good, but the *least quantity of food fills her up*; no thirst; bowels regular; sleeps well, *always on her back;* dry skin, whereas formerly she perspired easily; feet constantly cold since she felt sick; *great desire for fresh air* and *wants her head uncovered.* Change of weather shows no influence, but feels an anxiety before a thunderstorm sets in, which is relieved by its discharge. Aggravation of all symptoms at the time when her menses formerly appeared. In health she was always in good humor, now she is despondent, full of anxiety, weeps easily, but feels better in company. Heart and lungs normal.

May 21. Lycopodium 30, every seventh day a powder.

June 3. Dyspnœa the same, but feels brighter. The bloating, which causes dyspnœa, seems to diminish, and she feels as if circulation were better in her feet.

June 10. She perspires as when in health. The veil before her eyes, when walking, lessens. Dyspnœa the same.

June 21. A barking cough, from which she formerly suffered, sets in again, with expectoration of large mucus masses, and she passes large quantities of urine.

June 25. Abdomen sunken in, still expectorates freely, but dyspnœa the same.

June 30. No aggravation any more in the evening, the cough increases and dyspnœa lessens. She acknowledges that she improved more in the five weeks of homœopathic treatment then in the eighteen months of allopathic drugging. After each powder the abdomen always bloated more for one or two days and then amelioration progressed again. The entire treatment extended to December, when she considered herself well again, talking, walking, even at a rapid gate, made no difficulty any more, and some dyspnœa, when first attempting to move about, disappeared during her walking. At the time of her menses some of her old symptoms showed themselves slightly, otherwise she could not praise enough her present state of health. With the exception of one dose of Sepia 30 she only took Lycopodium 30 during her sickness; one powder a week or at longer intervals. Once I proposed to her to take a powder of Lycopodium 30 for four successive days, but she had to stop after the third one as the bloatedness of the abdomen became too uncomfortable. Her family especially noticed her great mental change, as even after the first powder she was in better humor and remained thus with steady improvement.

CASE III.—*Sepia.* Mrs. H——, a delicate brunette with pale face, consulted the Doctor on account of spasmodic shaking of the head. The attacks begin suddenly, and with fearful rapidity the head is thrown to the right and left around its vertical axis. She is perfectly conscious during the attack, without a participation of any other part of the body, lasts several minutes and repeats itself several times during the day, especially after emotions, and she may remain free from them for several days. After an attack she

feels prostrated. From childhood on she always was nervous, irritable, and suffered from convulsions. The shaking of the head began four years ago after a fright and is worse before or during menses, from emotions and even when she meets persons disagreeable to her. Appetite fair, no thirst, diarrhœa and constipation alternating. Nights restless; cannot lie on her back, throws herself about and *awakens unrefreshed.* Much flatulence in the morning which she relieves by gymnastic exercises, *better towards evening. Heavy atmosphere and hot rooms disagreeable; heaviness of head in foggy weather and before a storm.* She always feels restless, and cannot sit for a long while, she must do something, bites her nails, scratches her head or pulls out hair. Menses regular, scanty, during the interval moderate leucorrhœa. Hemicrania and lightning-like dizziness. Cannot wear garters or rings, as her extremities feel swollen. After the failure of Ignatia for a week she received:

July 2. *Sepia* 30, one powder a week.

July 16. After every powder, the next morning a severe paroxysm; on the other days only very slight ones; feels encouraged.

August 4. No more paroxysms; though she menstruated.

August 17. A slight attack. She complains of poor sleep and morning malaise. One powder, Sepia 200.

Octobor 12. Sleeps better. During November a severe aggravation followed from anxiety and continued nursing of her sick family; but gradually she improved again under Sepia 200, but we doubt if her predisposition to nervous affections can ever be entirely eradicated.

We find under Sepia, "the head jerks and twitches forward six or seven times with full consciousness; in the morning, jerking of the head backward when rising." This gave a valuable hint for its selection.

Sepia is a grand antipsoric and therefore suitable to many abnormal states; its action pervades almost the en-

tire organism and is very enduring, the effects of a single dose after lasting for many weeks (Dunham). May we ask if in such a nervous, irritable, restless body the same success would have followed the use of the third or sixth potency, for we do not believe that even the most thorough materialist would use the mother tincture or the succus itself? We forget too often what a great factor in the selection of the dose the individuality of the patient is.

[Allen gives us under "twitching of the head," Cinchona when lying, on motion and when walking; Kali c., Sil., Cic. vir., Phos. ac.; 6 A. M. after waking, Menth.; *morning when rising, Sepia;* backward, Alumen., Atrop., Bov., Cic. vir., Cina, Strychnia; forward, Strychnia; side to side, Kali carb., Plumb.

What an apparently insignificant symptom, "twitching of the head morning when rising" seems to be, as if the time of day when the attack occurs were of so much consequence. Thus thinks the old school; thus think many of our own materialistic physicians. Examinations are not so carefully and punctiliously made and failures naturally follow. In that irritable brunette not only the sexual organs failed to respond fully to their function, but we believe with Veit Mayer that, where Sepia is indicated, the whole portal system is in a kind of stagnation. Sepia being also the only drug in our Meteria Medica which has the "keynote" symptom to the case in hand, it shows what a close student of our Materia Medica Dr. Hesse is, and with such a patient before him only a high potency (we might call it a medium one) could be indicated.]

CASE IV.—*Sepia.* Miss B——, teacher, brunette, suffers since four years from drawing pains on the left hip, especially *morning after rising, when first moving about* in the evening, when sitting down, never when moving about. She is *sensitive to cold,* formerly perspired freely, which decreased since her sickness. It was probably caused by catching cold and by suppressed anger. Sometimes severe

attacks of migraine relieved by sleep, which seem to alternate with her other trouble. *Disgust to fat; pains worse before and during menses*; very irritable and prone to anger; does not hear well.

May 30. Sepia 30, three powders in two days; then placebo.

June 13. Pains only during menses; not otherwise, in spite of disagreeable news. Sepia 30, one powder a week.

September 5. Her chief complaint now is, that she cannot concentrate her mind fully to her task; fears to lose her mental strength; had much worry lately. Continue Sepia 30.

September 30. After first powder severe attack of migraine, and then improvement again. Still under treatment, but it is questionable whether with her continued mental and emotional troubles the difficulty can be entirely eradicated.

[Sepia and Pulsatilla, two of our chief drugs in female diseases and how they differ in their mental symptoms already; the former irritability, the other good nature itself; the former suits brunettes, the latter blondes. We ought to study more carefully Gross' comparative Materia Medica and the addition by Farrington and we would learn many a valuable hint for the treatment of our cases.]

THE HOMŒOPATHIC TREATMENT OF SCARLATINA.

(Transactions Clinical Society.)

W. J. HAWKES, M. D., Chicago, Ill.

There is probably no disease of well-defined diagnostic features which presents more widely separated extremes of severity than Scarlatina. Consequently there is perhaps no morbid condition upon which so widely different opinions as to fatality are expressed by physicians. One patient will present all the characteristic phenomena of scarlatina

and be not even confined to bed. This is, happily, the most common. Another will present the same phenomena, but in a highly intensified degree, and be a corpse in from twenty-four to forty-eight hours, in spite of the most earnest and intelligent efforts of the medical attendant.

One physician has the good fortune to meet wholly or chiefly the former class, and naturally concludes the disorder in question is easily managed, and that the practitioner who loses scarlatina patients is to that extent incompetent. His journal articles assert that scarlet fever is not at all a fatal affection. His brother practitioner, on the other hand, has had the ill fortune to encounter chiefly the malignant form of the malady, and is shocked to see his little patients and friends die miserably under his hands in a day, despite his best skill and most devoted attention. He learns to dread a call to such a patient as to a plague. His writings on the subject are of the most hopeless and gloomy character; bordered in the deepest black. According to the facts as seen through the medium of his individual experience, nothing is known of the cause, nature or cure of scarlatina.

The truth, as known to physicians of larger and more varied experience, is neither so bright as the views of the former, nor so gloomy as those of the latter. It indicates that while scarlatina is a disease which may be fatal in its results, and which always demands the most careful attention on the part of the physician, yet it is by no means necessarily fatal; and is amenable, even in apparently the most serious cases, to intelligent treatment.

It has been my own good fortune, in a practice of twenty years, during which several epidemics have occurred in my field, to have not met with many of the so-called malignant cases, which seemed to be "struck with death" from the first, and which die in one, two or three days; so that I have had but one death from this disease in all that time. In only two very severe cases which recovered did there

develop unpleasant sequelæ; and in both of these unmistakable constitutional taint existed in the parents. One of these was in a family where one child had already died under old school treatment. This one also had been pronounced hopeless by the same physician. He was totally deaf for some time, but has since partially regained his hearing and is in good health.

In consultation with other physicians I have seen several cases of the kind which seemed to be hopeless from the first and which seemed to go right on to death, notwithstanding the administration of the apparently well indicated remedies. These cases usually present the group of symptoms which are recorded in the provings of Ailanthus—dark color of the skin and eruption; the latter imperfect and vascillating; patient soporous or delirious, or both by turns. In some of these cases the remedy would seem to do its work, and the patient show signs of improvement for a time; but the vital power would seem to be overmatched, and shortly the patient would relapse into a more alarming condition than before and go right on down to the quick end.

My experience with Ailanthus has not been favorable to a high estimation of that remedy. Where it has been indicated the patient has seldom recovered.

As to the causes of scarlatina, I am firmly of the opinion that where the malignant form decimates or obliterates a family, there is to be found somewhere in the family history a well defined constitutional taint as the predisposing cause. Whatever may be the nature of the external, malarial, epidemic, or whatever other influence, the chief cause of the fatality in such cases is, and has been, and it may be for years or generations within the patient or his progenitors. This is true also of the relative and more to be dreaded diphtheria. I have been able in several instances to trace and unmistakably establish the existence of syphilis or some other vicious taint in the parent or parents where

all the children have been destroyed by these diseases. The parents themselves presented often a perfectly healthy physique. In some of these instances epidemic or endemic or infectious influences could not be said to have had any influence in the results, as one child was destroyed before the next victim was born. In one family three children were born and each in turn was carried off by one or the other of these diseases in this way. The parents presented an exceptionally healthy appearance to causal observation; but the father to me acknowledged syphilis.

Without in this brief article being able to go into statistical details of individual cases and families, I re-assert my conviction that this is the correct view as to causes of the malignancy of scarlatina and similar disorders.

But what of the treatment? Acknowledging, as we are compelled to do, comparative ignorance of the exact nature of the external influences causing the sum of the morbid phenomena which we call scarlatina; acknowledging that the same influences cause different symptoms and conditions in different individuals exposed to it; it must certainly seem absurd to attempt to direct therapeutic efforts against these unknown influences. After hygienic and other sanitary precautions have been unavailing, and the disease has settled upon its victim, therapeutics must be our chief dependence. But they must be directed not against this unknown thing of unknown origin but against the positive, known and ever present evidences of constitutional derangement presented by the patient—the totality of the symptoms.

In the treatment of any of the self-limited diseases (so-called) which have certain stages, crises and conditions, as typhoid fever, pneunomia, scarlatina, etc., with our therapeutic agents, we are unable to dispense with any of these stages. All our medicinal agents can do is to guide the patient through them as they in turn present themselves. This is done by meeting and mitigating the dangerous

and painful phenomena peculiar to each individual patient. We do not direct our efforts against the disease *per se*, else would we always use the same agents. The peculiarities of patients furnish the indices to the remedies. Different patients present different peculiarities; consequently many remedies are indicated in the same disease (so-called). The plant is the same, and it blooms according to the suitability or otherwise of the soil in which the seed happens to take root.

In the treatment of the non-malignant or milder cases of scarlatina—cases where the peculiar and external influence seems to be the chief or only factor, comparatively few and well-known medicines are needed. Prominent among these are Belladonna and Rhus tox. These are the remedies I find indicated more frequently than any others.

Belladonna, when the skin is smooth and bright-red, with extremely bright or injected eyes; spasm or delirium at the onset; throat and fauces bright-red and glistening, etc.

Rhus tox., when the eruption is not so bright a red, the skin more rough, as with a rash under the skin, tongue coated, and with triangular red tip and edges; patient very restless just before and about midnight; restless all the time.

Arum triph., when later in its course the child has sore corners of mouth and nose, which it picks until they bleed freely, etc.

The above symptoms I have repeatedly verified.

In the treatment of the graver class of cases, however, those cases where the life forces are evidently most savagely attacked and overmatched—cases in which the constitutional taint is the most potent factor—watch must be especially kept for indications pointing to remedies which are well-known to control the various developments of the psoric taint. Of these

Graphites, when an erysipelatous history can be found;

also if the patient as an infant had shown evidences of its constitutional taint by an unwholesome eruption about the head, especially behind the ears; the exudation being of a sticky, honey-like fluid, which, when undisturbed, formed into a dirty yellow crust. As Belladonna and Rhus tox. are among the most often indicated remedies in erysipelas and scarlatina so Graphites is one of the most frequently indicated in the inherited taint-cause of both these disorders.

Mercurius, where a syphilitic taint can be traced and where the serrated incisors exist, also nightly exacerbations, unwholesome mouth, throat and gums.

Nitric Acid, in a similar class of cases, when the urine is peculiarly and persistently strong with a tendency to hæmorrhage from the rectum, etc.

Calcarea carb., Arsenicum, Sulphur, Lycopodium, Lachesis, Silicea, etc., etc., may be either of them indicated according to their well known constitutional peculiarities.

One great difficulty with the majority of practitioners is that in such serious and often suddenly fatal cases there is a tendency to adhere to old routine remedies; there is not enough courage in carefully seeking for the peculiar symptoms of each case, and fearlessly prescribing the medicine indicated thereby. The same is true of croup. "Aconite, Hepar and Spongia," is its routine. In speaking with a brother physician about my experience with croup the present winter, I told him that Belladonna had been more often indicated in my practice, and had served me better than any other remedy. He said he had just come from a case that seemed unpromising; that he thought the symptoms called for Spongia; and that he had consequently given the child "Aconite, Hepar and Spongia!"

In searching for the remedy in these severe cases of scarlatina I find often great help from examining the parents for their constitutional characteristics, and I heartily recommend the measure. Constitutional taint comparatively sel-

dom shows itself in its worst and most characteristic features until adult life, or at least the age of puberty has been reached; so that, unless we avail ourselves of the parents' physio-pathological history we lose what may be our strongest auxiliary in the management of such cases.

As measures of prevention, while there is no doubt that sanitary, hygienic and quarantine expedients influencing and correcting the environment of the patient and community are of the first importance, and cannot be accorded too much attention, yet a greater opportunity for preventive measures, in my opinion, is offered in intelligently treating the infant born of tainted parents; and this, if necessary, under the guidance of the symptoms of the parents themselves. I have, times without number, seen the good results of this mode of procedure. By this means, while we may be yet ignorant of the nature of the external causes of diseased action, and therefore unable to satisfactorily control them, we can so correct the predisposition to disease which at the present day is the almost universal inheritance of civilized man as to lessen materially the fatality of the different diseases when our patients are attacked.

[Dr. Hawkes then read the following letter from Dr. A. A. Whipple, of Quincy, Ill.: I see by the January *Clinique* that Prof. Hawkes is to present a report upon the homœopathic treatment of scarlet fever at your meeting this week.

I would very much like to be present, and to take part in the discussion. I hardly feel like admitting, as did Dr. Holmes, that "we must all bow our heads in shame and sorrow, and confess ourselves ignorant as to the nature of the disease, and powerless to stay its fearful course." I will not criticise the treatment of the cases reported in the *Clinique* of December and January, although I feel like doing so.

I would like, however, to impress upon the minds of all the necessity of not becoming panic stricken when confronted with even so serious a disease as that termed mali-

gnant scarlet fever. I am sure it is too often the practice of many physicians, especially when in the presence of serious acute diseases, to give very low dilutions, and many times crude drugs, often in alternation, and sometimes in combination. It is not good practice for a physician of any school, especially a Homœopath. I have been in practice twelve years, and in that time have treated quite a large number of cases—it having been epidemic three different seasons—besides sporadic cases occur almost every year. I have often expected to meet with unfortunate cases, which will come sooner or later to the best of us. So far I have never lost a case that I have had under my care from the beginning. As a rule I have only used one remedy at a time, and with very few exceptions they have been above the lower potencies. Frequent and thorough sponging with warm water, under cover, is indispensable. It amounts to about the same thing as the "wet pack." I have no use for inunctions.

A recent old school writer says (see Pepper, System of Med., Vol. I, page 541), speaking of scarlet fever, "the external use of cold water as an antipyretic is now almost universally recommended."

My advice would be that it *should not* be used as an antipyretic, unless it is in a very healthy climate, and you wish to start a new cemetery.]

SCARLATINA.

By W. S. Gee, M. D., Hyde Park, Ill.—The varying opinions of physicians regarding a given disease depend upon their preconceived ideas modified by subsequent experience. A young physician when beginning practice thinks that with his fund of knowledge and skill he will master disease without disappointment. Should he chance to meet unfavorable cases of a disease, and bear the calamity of seeing his patients die, he afterward entertains the opposite opinion of that special disease. Without due care

and far-reaching thought and study he is likely to fluctuate in opinion and be a victim of frequent disappointment. This disease is of that deceptive character, as the epidemics vary in type.

One epidemic may bring mild cases from beginning to end, while another will cut away the choice flowers of the community, and the medical man is powerless to stay the hand of the reaper. Authors have written of three varieties; but for study, and especially from the remedial side, we may consider but two, viz., the mild, and severe or malignant. The mild cases depend on two conditions—the character of the epidemic and the condition of the patient. These cases are comparatively easily managed. The inflammatory remedies, with careful hygienic management, will conduct the patient in most cases to a safe recovery. The malignant cases depend upon the same two conditions above named. In these the fever is much higher; the attack sudden; fewer children escape the disease, and the management of them is much more difficult.

This type of the disease tries the constitutional vigor of the little sufferer, and the existing miasm or "taint," "dyscrasia," etc., which before may have been latent, is aroused, and a conflagration is before the physician. The time required to carry off the patient may be numbered in *hours* instead of days or weeks. Here what is done must be of the right kind, and even then many will escape our grasp. What we say now applies to other diseases and is not restricted to chronic diseases.

There exist in the constitutions of our patients specific miasms. These may be few or many, alone or combined. Hahnemann spoke of three, viz.: The Psoric, the Syphilitic, and the Sycotic. Whether we accept his ideas and classification matters not, for they exist. This same inherent under-current *something* has given rise to the terms, "Scrofula," "Taint," "Dyscrasia," but without better results so far as we can see, than to recognize them as Hah-

nemann gave them to us. We might add a malarial miasm and even others, but the above will suffice. The patient who comes to us without the existence in his organism of some one or more of these miasms is the *rarest exception.* These miasms may exist in two forms—latent and active.

When difficulties have passed over to the "third and fourth generations" we say they were "latent" in the first and second. There are times in the history of each patient when these miasms are *latent* and other times when they are active. We must not expect clean wheat from seed wheat containing "cheat," neither can we expect healthy children from parents having these miasms to a greater or less degree. When a child is born and soon develops "scaldhead" we say the miasm is *active.* Even then it may disappear from two causes, viz.: the use of remedies and from substitution of disease or such an improvment in health as to show no evidence of the trouble. The miasm is there, but the mother is told that it is cured, or the child has "outgrown" it, when in fact (unless antipsoric remedies were used) it is again *latent* and may not again appear until the child is critically ill with some disease which arouses the *latent* miasm, and it becomes at that time *active.* This is what makes some of our patients so very ill with apparently a mild disease, retards recovery and causes all sorts of complications to arise during the course of it even when under homœopathic treatment. At times even the development of a tooth is enough of a tax on the organism to develop manifestations not seen during the intervals. It sometimes happens that children are apparently healthy during early life, although in other members of the family the unmistakable marks are present. The miasm is present, but in a less degree, and may not show until some critical time in life appears, as menstruation, parturition, climacteric, or at the time of some acute inflammatory disease, and this is especially true of the eruptive diseases. In these diseases you recall the fact that a double tax is placed

upon the kidneys, as the dermatitis interferes with perspiration, and aside from the catarrhal inflammation likely to be present in the kidneys this double duty adds to the probability that kidney complications are threatening. Now if we bear in mind these facts we can see why light and malignant cases of scarlet fever may occur in the same family; and is it not clear what remedies are likely to be needed in the different cases?

A word about the prophylactic remedy. The opinions regarding Belladonna as a preventive are variable, because Hahnemann's reasoning does not accompany the use of it. He gave it to a little girl patient, and found it to be the curative remedy in her case, and says: "I reasoned thus; a remedy that is capable of quickly checking a disease in its onset, must be its best preventive."*

Belladonna was the remedy prophylactic in *that epidemic*, but is not necessarily the remedy for other epidemics. The *reasoning* should be remembered, and may show that for other epidemics Arum triphyllum, Apis, or some other remedy may be the *curative*, and hence the prophylactic remedy.

The remedies may be considered under two classes, as were the causes of the disease. We have inflammatory remedies most frequently called for in this disease such as Apis, Arum triphyllum, Belladonna, Hyoscyamus, Stramonium, Rhus tox and others, including Ailanthus, with which we might class Baptisia and Helleborus.

Nearly all of these produce the leading phenomena of the disease and hence are homœopathic. To decide from among them may require but a trivial symptom, as for instance the excoriated nose and upper lip, which the child picks until they bleed.

This *peculiar symptom with* those common to the other remedies would decide for Arum triphyllum. It does not

* Hahnemann's Lesser Writings, p. 379.

mean that Arum is prescribed for one symptom, but that it best covers *all the symptoms*.

Before leaving this group of remedies it is well to state that in addition to the common indications for Belladonna we may add two valuable objective symptoms, viz.: "The globular pulse" (feeling as though a shot or small pea passed under the finger), and the "hot burning skin" feels as though it would burn the hand.

There is another large class of remedies which must be drawn upon in treating malignant cases of this as well as all other diseases. In this class are the "Antipsoric" remedies. The indications for these may exist in the parents, or may be elicited from the friends as having existed in the previous history of the case. It is the duty of the physician to recognise the indications for these remedies and administer them as early in childhood as possible, but if such has not been done previous to the attack of this disease, the curative "key-notes," probably, will be those long existing peculiar symptoms. In the malignant cases we can not expect the first group of remedies to act *deep* enough to quell the great storm which takes the deepest possible hold on the patient. All the latent miasms have become aroused as if from a great fire within, and nothing but the similar acting forces can cure or even palliate. It is here that we derive benefit from the study of the causes and the means of curing the disease.

Prominent among that list are Arsenicum, Calcarea, Graphites, Hepar sulph., Lycopodium, Sulphur, and others. The reaction may be very feeble, but after the shock has passed, time is given for the further use of the deep-acting remedies, and the case perfectly recovers.

You will notice that Aconitum has been omitted from the list. The older homœopaths, prominent among them Dr. Hering, cautioned against the use of Aconitum in any suspected eruptive disease, "unless there is agonizing tossing, and a dry skin."

From October 10, 1882, to the present, twenty-four cases have fallen to my lot with but two deaths, and these two died of other troubles which followed close after the scarlet fever. One died of a putrid catarrhal fever, coming within three weeks after the attack of scarlet fever; the other (both were under two years old) died from the effects of an abscess which formed over the pit of the stomach.

One case which was very violent from the start, having a temperature of 105° for many hours, barely survived the first days, and lingered for many days and nights, requiring the closest watching. Many remedies had been given with the same effect. At last this peculiar symptom was taken as a leading one: "On awaking; cross, kicks, scolds, terrified as if dreaming." (Sulphur has "wakes with a start, as if full of anxious fancies, ghosts, etc.," like Stramonium.) This symptom was found under Lycopodium, and as that remedy met the other conditions, it was given with the decided relief which resulted in the patient's recovery. Sequelæ do not occur after this or any other disease properly treated, unless the amount of active miasm has not been removed during the inflammatory stage of the disease, in which case the continued effect of the indicated remedy will result in a complete cure. When properly treated the patient dies or *gets well.*

Too much stress cannot be placed upon the judicious use of the cold compress to the throat, and frequent bathing with tepid water during the time of the high temperature. Nothing has been said about potency, for this is a matter of judgment based on experience, and "our judgments are like our watches; no two are alike, yet each believes his own."

THE HYGIENIC TREATMENT OF SCARLATINA.

By J. E. Gilman, M. D.—When you have made the diagnosis of scarlatina the patient should be moved into as large a room as can be obtained, open to the sunlight, and one in which ventilation is easily maintained. The room

should be in an upper story, and should be isolated from the rest of the house by sheets hung over the doors, so as to cover the cracks and openings out of them. The carpet, draperies, and other articles not needed in the room should be removed, if it is practicable, so as to have fewer articles upon which the virus may settle. Place the bed in the centre of the apartment, and keep a fresh supply of warm air in the room, avoiding drafts which might reach the invalid. To prevent the spread of infectious material to other parts of the house all the doors, except the one which is to be used for entrance and exit, should be closed, and sheets, as I said before, should be tacked over them. These should be sprinkled with thymol water, chloride of zinc solution, or some other good disinfectant. Over the framework of the door to be used a sheet should also be tacked. One side and the top should be firmly attached, leaving the one side like the flap of a tent door to swing free. This sheet also is to be kept well saturated with the disinfectant solution. The sheet should be long enough to drag for a few inches on the floor. In this manner all the fever germs are kept imprisoned in that part of the house. If the room has an open fire-place, and the weather will permit, a fire should be kept burning to insure a continual renovation of the air. If in the summer time, a candle should be lighted and placed in the grate, so that a sufficient draft may be secured. There is in many cases a very poisonous discharge from the mouth and nose, sometimes of a very ichorous character. To combat this, in addition to the medicines, topical use of such disinfectants as kali chlor., kali permanganate, etc., must be used, and all cloths which are used to receive the discharges must be burned immediately. The vessels for the reception of excreta and urine should contain some of the copperas solution, and the discharges, after thorough disinfection, should be washed down the soil pipe, if the water system of sewerage is used, as is general in cities, or if in the country, should be buried in spe-

cial pits, as directed for the care of excreta in typhoid. The soil pipes should have poured into them daily a solution of the sulphate of iron (the copperas disinfectant) in considerable quantity, say three or four gallons.

The sheets and clothing, the towels and other linen in use about the patient should be immediately dropped after removal in a tub or pail of water strongly impregnated with the zinc disinfectant, and after a period of this soaking should be thoroughly boiled. The boiling should be for a longer time than is generally given to the clothing, and if a second boiling be used a few hours after it will be of value, for we know that the bacterial germs are almost indestructible, while in the developed form boiling easily destroys them. Therefore, if any germs remain uninjured through this gauntlet of disinfection and boiling they will develop probably, and be in a condition for absolute destruction in the second heating. This is the manner, you will remember, in which our culture fluids are sterilized to clear them of bacterial life. The spoons, glasses, and other dishes or utensils used in the sick room should be placed in boiling water at once on removal. To avoid the danger of spread of the contagion the fewer persons entering the sick room the better. The attendants should wear outside garments of linen or cotton, as affording less liability of absorption of the virus, and for the reason of being of smoother texture the surface presents less of the fibers that serve as hooks or meshes in which to entangle the floating particles surcharged with contagious material. And if it is necessary for the nurse to go to other portions of the house there will be much less probability of conveyance of fomites about the person. The nurses and those much with the patient should, before going where there are children, or persons within the susceptible period, make a complete change of clothing, wash the face and hands with thymol water, and spend awhile in the open air before coming within contact. And during the attendance they should at

any rate avoid all crowded assemblies, such as churches, the theatres, etc., lest the disinfection be lacking in some essential. Letters written and books handled by the invalid must not be sent away without previous disinfection, for there can be no doubt but what, if this care is omitted, the infection may be spread. To disinfect these a dry heat may be employed of 250 to 260 degrees Fahrenheit, or the fumes of sulphurous gas applied.

When the eruption is dilatory in coming out the wet pack may be used in the case of those children of a robust constitution with a good reaction. It is not in every case you can use this, but in those instances where it can be tried it is a valuable and very satisfactory expedient. Take a child of full habit, one of the kind subject to feverish symptoms inclining to delirium, with a full vitality, and you are, as a rule, very safe in recommending the cold wet pack, and the result will be a marked improvement in the symptoms and the appearance of the exanthem in a satisfactory manner; but, on the contrary, if the child is of the bloodless type with feeble reaction the shock would be too great, and would result only in injury. With these latter cases a warm bath will be of value sometimes, especially if the nervous symptoms predominate; and if this quiets, as it generally will, the bath may be repeated as frequently as the nervousness and excitability return. After the eruption is fairly developed inunction with olive oil, lard or unsalted butter should be used. And this inunction should be frequently repeated until the final desquamation of the skin is completed. Its value in these cases is great. During the eruptive period the itching of the skin is often intense and annoying, causing a nervous irritation that reacts severely upon the nervous system. And the application of the oil relieves the itching and quiets the nervousness. Sleep is possible, and frequently is obtainable only after its frequent use. It serves also as a protection to the skin from the influences of those changes of temperature to

which patients ill with scarlatina are so susceptible. It is like a tight fitting suit of flannel, and in the later stages of exfoliation of the skin it serves to prevent the atoms of scales from the skin from floating away and impregnating the air. Loaded down with the oil they are much less liable to follow the air currents. Vaseline or other mineral oils are not so good for the purpose as the animal or vegetable fats, not being as readily absorbed by the skin, or of as much value as nutrients. There are some patients of an extremely sensitive organization to whom the odor of oil is disagreeable, and who rebel against it on that acount while otherwise enjoying the relief it affords. These can be pacified by perfuming the fat with some essential oil of an agreeable character.

After the eruption has declined, the stimulant bath given in the treatment of typhoid may be used, rubbing with the hand only under the clothing, so as not to expose the skin to the external air; and after this bath follow with the oil inunction again. The bath need not be used more than once daily, but the oil should be used as frequently as the skin will absorb it—two, three or more times daily.

During the stage of desquamation the skin is very sensitive to changes of temperature. The greatest care must be taken to avoid taking cold, and in some instances more or less of a cold will develop even with great care. To shun danger in this direction the clothing should not be changed too frequently, and then only when the room is warm and the fresh clothing well warmed and aired. A case that is proceeding favorably may be checked by a chilling of the skin, and the additional labor thrown on the already overworked kidneys will result in the development of albuminuria or of abscesses in the ear or elsewhere.

When the skin is being thrown off rapidly it is well to add some thymol water, some listerine or permanganate of potash to water and sponge the skin occasionally as a means of disinfection, taking care not to expose the surface by

uncovering the patient while the bath is in progress. After recovery this should also be done, washing the hair as well before the child leaves the room.

In the care of the diet of the patient you will be obliged to exert your powers of persuasion by argument, or to prevent over-indulgence by authority. There is a great degree of inflammatory condition of the throat and stomach. The thickly coated tongue of the first two days and the extreme redness following are indicative of the inability of the stomach to manage articles of diet requiring much of digestive power. Milk and the water foods, or slightly acidulated drinks in some cases, are all that are allowable until the heightened color lessens. The irritation of the stomach will cause the child to crave food, exactly as does the dyspeptic. If the food is allowed just as the child desires, it will eat but little as a general rule, for the desire is a fictitious one due to this inflammatory condition. And if we grant the petition for food, except as I have recommended, the effect will be to add to the inflammation and increase the danger. I have seen a case of very simple character change within two hours after an imprudence of this kind into a state where for days life was barely kept within the body. When the red tongue begins to pale then we may give a gradually increasing dietary until the ordinary fare is reached. In this city, on the event of a physician being called to a case of scarlatina, he is obliged by law to at once notify the health department. An inspector is at once dispatched to fasten up a card at the usual public entrance to the house. This card of notification of the presence of the disease reads: "Scarlet fever here." Seeing this all individuals are forewarned, so that they need not come in contact with the contagion, and the effect in deterring children especially from running into danger is very satisfactory. Reading such a notice at a distance they will take the opposite side of the street, and pursue their plays at a safe distance. This measure should be adopted

in all communities as a means of controlling an epidemic. Another object in notifying the health department is that the inspectors will see that the quarantine measures, of which I have spoken, are observed, and the children dwelling in the infected house are prevented from attending public schools and exposing others to the infection. As a prophylactic Hahnemann advises the daily use of Belladonna by those children exposed to the fever. I have used this in the third dilution, and have had but negative results, as some of those who have taken it carefully, and even while still using it were attacked with the disease, and it did not modify it, as in several instances the disorder was of great severity. I have of late years used the 30th, and since using that have had no instances as yet of failure to protect. This is only a negative proof, however, of its virtues. I shall in view of the fact of the success so far, continue to use it until I meet some instance where the disease comes on in spite of the remedy. It has been proposed as a possible explanation of this failure of the Belladonna, that it is only preventive in those cases of what is called the pure type of Sydenham scarlatina. That is, where the skin presents the smooth shining redness, and not in those forms of diphtheritic character, or when the skin is roughened and raised, as it is sometimes. However this may be, it is a favorite prescription with many, and has the prestige of Hahnemann's recommendation. [It will fail when you fail to meet a Belladonna case. It can only prevent what it would cure. Sulphur is a much more universal remedy, if we give it for scarlatina *per se*.—ED.]

After the patient has recovered, or in case of death, the room should be disinfected, and the disinfection should extend to all articles of any kind that have been used in the room or exposed to disease emanations. This may be done with the fumes of sulphurous gas. This is applied as follows: Take a coal hod or other iron vessel, in which place a few inches of ashes, and on the ashes live coals. In the

room which has been previously prepared by the removal of all live things, such as plants, birds, animals, etc., you place a tub containing two or three inches of water, use bricks to keep the utensil with the coals out of the water, closing tightly all air exits, such as fire-places, windows, doors, etc.; you put the coal hod in the tub and place on the live coals from two to four pounds of sulphur. Vanish from the apartment as speedily as possible, and let the sulphurous fumes saturate the room for a day. This may be repeated with possible benefit. In these fumes all articles of too much value to destroy must be so exposed that the sulphurous gas may reach all surfaces. The mattress and pillows, if they are cheap material, should be destroyed; if of hair or feathers they should be baked in an oven, and in this process exposed to a heat sufficient to destroy the germs, as demonstrated in experiments in sterilization of substances. This may be done in the places where the articles are renovated, and new mattresses made. If they are sent to the manufacturers, however, care should be taken that the work is well done there. After the fumigation the room should be aired, and sunlight permitted to reach it, and the floor and wood-work should be thoroughly scrubbed, the walls and ceilings whitewashed, calcimined, or newly papered; and if they were previously papered the old covering should be removed before renewing the paper. If the carpet has been down on the floor during the sickness, it should, after the fumigation, be taken up and exposed to the sun and air for several days, or if not valuable it is much better that it should be consigned to the flames. Everything, in fact, in the way of clothing, woolen or linen that is of comparatively small value should be burned, as this is the surest disinfection. In case of death the body should, after the necessary ablutions in a disinfected solution for the bathing, be wrapped in a sheet soaked in very strong zinc solution or some other of equal value, and then placed in an air tight coffin, keeping it in the room in

which the sickness occurred (unless other patients are still there) until the removal from the house; and in such cases it is contrary to the best interests of the community to have a public funeral either at the church or at the house. The fewer persons to come in contact with the possible infection the better. The custom of taking the bodies of individuals deceased from contagious diseases into the churches is bad in practice and opposed to sound sanitation, and should be discouraged. In the whole treatment of such cases as we have had under consideration, there is need of common sense. Because a certain routine is advisable in general, it does not follow that this must be continued in all instances. Circumstances vary, and if the great end is kept in view, to so confine the germs of contagion within circumscribed limits, and then destroy them, we shall then have done our full duty in the premises.

THE WATER TREATMENT OF SCARLATINA.

By J. D. Craig, M. D., of Rogers' Park, Ill.—If I confine my remarks to the use of water in scarlet fever I am not to be understood as thereby excluding the properly selected medicine, but because the use of water in this disease is of the utmost importance, and I feel myself peculiarly qualified to speak on this subject as I am a graduate of the Hydropathic College of New York City, when that school was at its best, and was fully equipped with all the means necessary to a thorough medical education. I had also charge of a water cure, for the four years immediately preceding the war, and in most cases of scarlet fever have used the hydropathic appliances in my practice to a greater or less extent ever since.

In the letter read to us this evening from Dr. A. A. Whipple he discourages the use of water in this disease, "except it is deemed advisable to stock a graveyard," which I can fully indorse, provided the doctor is ignorant of its proper use, as most of the profession unfortunately are; and if any one here is laboring under the impression that

no harm can come from its misuse let me disabuse your mind at once, for I certainly know of very few remedies that can do as much mischief in so short a time; but on the other hand there are few agents which are so prompt in their action, and the benefits from which are so pronounced and lasting.

There are few if any cases of scarlet fever that cannot be wonderfully benefitted by the use of water, but in this as all other acute diseases, one fundamental point should be constantly kept in mind, and made the basis for treatment, and that is, to equalize the circulation. Wherever there is an abnormally warm part of the body cool it, and if there are, at the same time, cool or cold places warm them.

The means by which this can be accomplished are varied, but in private practice the sponge and full baths, the dripping wet sheet, the wet-sheet pack, half-pack and compresses are all that can be used or that are ordinarily needed, except I might include the use of steam, either from the spout of a kettle or some other arrangement.

The application of very cold water is not often advisable, and in nervous or feeble children may be positively dangerous. And even when moderately cold water (by the thermometer) is used, it must be borne in mind that the susceptibility of some persons to cold is very great, and that what is only cool to one and even moderately warm to another might produce a severe chill in still another; so that the safer way is to err on the side of warmth rather than cold; nevertheless where there is a very decided rise of temperature externally, with a full and bounding pulse, even cold water when applied to the skin has often a very soothing effect.

It follows, therefore, that considerable judgment is necessary in the use of water, and its application should not be left to careless or ignorant attendants. Any intelligent person may use the sponge, dripping wet sheet, or half-pack under the direction of the medical attendant, but in

severe cases where the full bath or pack is used, they should be administered by the physician alone.

Except in malignant cases, where the eruption has either not made its appearance or has been repelled, the full wet sheet pack is never necessary, and even here it is only advisable where the heat of the body is uniform and above the normal standard. If the body and head is hot, and the feet and hands cool, or cold, the half-pack to the body and a cold cloth on the head, whilst the feet and arms are heated by either bottles of hot water, or hot ears of boiled corn, will meet the indications. The temperature by this means will be equalized, for although the sheet around the body will in a few minutes become as hot as the skin, it reduces the temperature in a way that I have not the time to explain.

Sometimes a nervous child will be found who exhibits a dread of being packed, and although the pack would be otherwise indicated, it would be unwise to resort to it under such circumstances. The better way would be to use the half pack, and at the same time sponge the legs and arms with tepid or cool water, as the case might indicate.

Occasionally a case may be met with where the head and back is very hot whilst the limbs and abdomen are cold. The indications in such a case are to place bottles of hot water, or ears of hot corn, to the limbs, and hot compresses to the abdomen, and at the same time sponge the head and back with tepid or cool water. It is not to be understood that a hot compress means to wring a thin cloth out of warm water with the hands, but the following: Place three or four pieces of thick cloth on the abdomen, then fold sufficient flannel to make at least four thicknesses of a compress large enough to cover the greater part of the abdomen, dip it into boiling water and then wring it by placing it in a towel and twisting the towel. It is then to be placed over the cloths on the abdomen and covered well with flannel,

and as fast as the heat can be borne the underlying cloths should be slipped out, one at a time.

In using the dripping wet sheet the patient may stand in a tub, or on a piece of oil or rubber cloth; the sheet which has been thoroughly saturated in a pail of water—the temperature of which will depend on the amount of bodily heat—is then to be thrown around the shoulders and the whole body thoroughly rubbed over the sheet for a few minutes and then rubbed dry with towels.

In ordinary cases of scarlet fever this may be repeated every few hours if the temperature is high, and less frequently as the fever abates. I do not now remember of ever seeing any sequelæ follow scarlet fever where the dripping wet sheet has been faithfully used in this way, and certainly the last one I should expect to see would be acute Bright's disease.

The half-pack is made by enveloping the trunk only in a sheet wrung out of water sufficiently to prevent dripping, and then covering in the same way with one or two woolen blankets; and the wet sheet pack is best explained in the following case:

A number of years ago, when practicing in Niles, Mich., I was called in counsel by Dr. Brown, of Michigan City, Ind., to see a boy of twelve years of age suffering from malignant scarlet fever. Found the patient in a stupor, eyes injected, tongue, as far as I could see, dark red and dry as a chip, and the breath hot and offensive. The body was intensely hot and the eruption barely perceptible. Advised a wet sheet pack, which was agreed to by physician and parents, after I had announced my determination to give it myself, because it was considered the only hope, but at the same time with evident misgivings. I then removed the clothing from a bed in the same room with the patient, placed a pillow on the mattress, then laid a thick comforter on the bed, the upper edge of it covering the lower third of the pillow; over this I spread a thick woolen blanket, then

a dry sheet. I now placed another clean sheet in a pail of water, about 80° Fahrenheit, and wrung it out so that it would not drip, but no more, and spread it over the dry sheet. The patient, whose night shirt had previously been removed, was laid in the centre of the sheet with the occipital protuberance just above the edges of the bed clothes; the patient's arms were now held above his head whilst one-half of the sheet was brought over the body and tucked in snugly down to the feet; the arms were now laid straight down by the sides and the other half was brought over and tucked in the same way, except that the upper edge was first brought down snugly over the shoulder and a turn taken so as to tuck the end of it around the other shoulder; the dry sheet was now brought over and tucked in the same way, except that, as the arms were now within the wet sheet, both shoulders were snugly fixed in the same way; the long end of the sheet that projected beyond the feet was now brought around and placed beside one of the legs so as to bring the sheets snugly against the soles of the feet; the woolen blanket then followed and was also brought around beside the leg so that the feet would not get cold, and lastly the comforter was used in the same way, which gave the patient very much the appearance of a mummy.

After placing a cold wet cloth on his head I sat down by the bed to wait the end of the hour that I intended, if nothing in his appearance or action indicated otherwise, to keep him in it. In a few minutes his mother came to look on him and expressed her surprise to see that he was evidently asleep, which he had not done for two nights. At the end of the hour I had his mother wake him, so that when he opened his eyes he would not see a strange face, and she was still more surprised to find that he was perfectly conscious. I now removed the wrappings and found the body and limbs having very much the appearance of a boiled lobster; sponged him off with tepid water, rubbed dry and removed him to his own bed, when he again went

to sleep. The pack was repeated a number of times after this, and the patient made a good recovery.

I do not say that every case treated with water and the indicated remedy will recover, but I do insist that the death rate will be reduced to a minimum.

DISCUSSION.

Dr. W. H. Burt.—My experience differs somewhat from that of Dr. Hawkes; so far from finding a scrofulous or other diathesis go with the malignant cases of scarlatina, I find some of the very worst class of cases in strong and healthy children. The child that presents a robust appearance, is plethoric and sanguine, whose blood is loaded with fibrin, is the one to whom scarlatina is very apt to prove rapidly fatal; while the poor, puny, scrofulous children whom it would seem almost a mercy to let die, generally live through an attack. It seems to me that the report dealt too much with simple, easy cases, and not enough with such as are malignant.

Dr. Gee says that Aconite is a very poor remedy to administer in scarlet fever, and pins his faith principally to Apis, Belladonna and Stramonium; but my experience is that Aconite is the main remedy, first and last, and my rule has been to give it low, and to give it often. Rhus tox is a remedy that I have depended greatly upon. When glandular enlargements were present, Mercurius jodatus and Nitric Acid, two remedies hardly spoken of to-night, I have got splendid effects from. But most cases can be treated with Aconite and Rhus tox. The most difficult period of scarlet fever to treat is the sequelæ, especially the dropsy. My treatment for this has been to place large warm poultices to the small of the back, and to give Aconite internally, always the tincture, five to twenty drops in a glass of water. Next to Aconite comes Apocynum, and in the very worst cases, hypodermic injections of Pilocarpine.

One of the most annoying features is the terrible itching, for which I use frequent bathing in warm water containing

wheat bran or starch. To prevent trouble from the kidneys, I direct friction of the skin with oil for two weeks after the patient is discharged.

Dr. A. E. Small.—Whether as a result of instinct or observation I cannot say, but I have always divided scarlet fever into three distinct classes: first, the mild form, attended by simple inflammatory fever, arising from epidemic or endemic influences and not characterized by any great severity. In such cases Aconite will generally answer from the beginning to the end.

The second form is of a nervo-bilious or typhoid character, in which the vital forces are much more depressed, and the fever more persistent. In such cases powerful antipsorics are required. Calcarea carb is an excellent remedy to begin with, and afterward, if the eruption is tardy, I administer Bryonia.

The third is the still more malignant type, analogous to typhus; here there is nothing bright or promising about the case. Where the attack is ushered in by cerebral disturbances, severe vomiting of greenish matter, cold surface and tardy eruption, Dr. Hering says give Sulphur as the first remedy. The remedies of most frequent use are Belladonna, Mercurius vivus and as anti-psorics Graphites and Arsenicum. For the anasarca that sometimes follows, in spite of our best efforts, I have the greatest confidence in Helleborus 3x or 6x.

Dr. E. A. Ballard.—Dr. Hawkes struck upon one of the key-notes of the whole matter when he said we must go beyond the present appearances, and take into consideration the constitutions or diatheses of the child's parents.

The malignant form is malignant because there is in that child an existing miasm, a taint. Some call it psora, some call it scrofula, but call it what you will, it is there, and should have its influence in leading us to a remedy. The fact that an apparently healthy child has the malignant form of scarlatina, and dies, while a puny, scrofulous child may

survive, does not prove Dr. Burt's position to be the correct one. Some of the older physicians state particularly that Aconite should never be given unless the "agonized restlessness" is present (Dr. Burt—It always is present), and if we give it to reduce the fever we are simply treating the disease locally.

One indication for Sulphur has not been mentioned, viz.: "the child awakens from sleep, not whining, but cross and frightened, and does not seem to know anybody." Sulphur will always take care of such cases.

Fresh air and plenty of it is, in my opinion, the only disinfectant needed; and if you *hang powerful drugs all around the room, what effect can you expect from your attenuated remedies*?

Dr. E. M. P. Ludlam.—The importance of making a correct diagnosis, and of attending carefully to sequelæ, is shown by the following case: On the 10th of last month a patient of mine was taken with chills, followed by a high fever. The physician who was called in ascribed the symptoms to indigestion and cold, and said that they would pass off in a little while, so he could go down town to business the next day. He went to work for three days, and then had another chill. About the same time he noticed that the skin of his hands and face was scaling off and itching badly. I was called in, and soon had one of the worst cases of anasarca to deal with that I ever saw. Only about half a teacupful of urine was passed in thirty-six hours; his breathing was oppressed and labored, almost as in emphysema, with constant strangling cough. I tried Dr. Burt's hot poultices over the kidneys, and gave Mercurius cor. and Helleborus internally, and he recovered very nicely.

Dr. J. C. David.—I have chiefly used Belladonna in three or four epidemics of a malignant type, and never lost any cases until about six weeks ago. That case died four days after being taken ill. When glandular swellings are present I generally use Nitric Acid or Mercurius in some of its dif-

ferent forms. It is the same with scarlet fever as with diphtheria—epidemics vary in malignancy, and sometimes the patients die in spite of our best efforts. I have seen diphtheria follow scarlatina.

Dr. Ballard.—I have also seen the two diseases combined, or one following the other.

Dr. Davidson.—It is the old, old story of doctors disagreeing. Each one of us has had a number of cases to treat, and each, I doubt not, has done his best to save his patients. One important remedy in many cases I have not heard mentioned to-night, and that is Veratrum viride. Baptisia also I have frequently found useful. I can endorse all that Dr. Hawkes said in his paper about predisposing causes, and the history of the patient. I look upon the water treatment with favor, especially when the eruption is well out, all over the body. In two cases that I lost, there was no apparent eruption, and my diagnosis was made only by taking into consideration the epidemic then prevalent.

Dr. R. Ludlam.—It is worthy of remark that both Dr. Hawkes and Dr. Ballard have placed so much emphasis upon pathology in the choice of remedies for scarlatina. There is nothing of diathesis or dyscrasia in the pathogenesy of our remedies, but manifestly these predisposing causes have their value as aids in the proper treatment of this as well as of other diseases. I would qualify a little in ascribing the sequelæ of scarlatina to mal-treatment; and am pleased that Dr. Small has called attention to the merits of Calcarea carb. in scarlet fever, especially in cases in which the eruption is slow to appear, or is disposed to recede too early. Dr. Burt's ideas of the possibility of renal complications are very practical. It is of the utmost importance, even in slight cases, always to note if the kidneys are acting well. The mischievous time for them is just when the desquamation is most extensive and active. Here Apis mel., Mercurius cor., Cantharis and Arsenicum are invaluable remedies. The same is true of Dulcamara

for the itching that is induced by the desquamation. The milk diet is indispensable in the severe renal embarrassment that attends upon some of these cases. With the employment of cold water as first advised by Currie, then by Trousseau, and endorsed this evening by Dr. Craig, I have had no experience.

In former years I had the average experience of the general practitioner in the treatment of scarlatina, and now that my work is limited to the diseases of women, I have not forgotten the anxiety and responsibility that must always attach to the management of an epidemic of this kind. It is in this field that Homœopathy has won some of her brightest laurels, and we must see to it that they are not dimmed or lost through neglect or lack of study. Perhaps the most promising sign of the times is to be found in the fact that our most experienced and responsible practitioners have reached a point in which they will freely and frankly state, as they have done in this meeting, that there are cases of scarlatina which nobody can cure.

Dr. H. B. Fellows.—There is a pathological side to these cases which cannot be neglected, and because it has been neglected I speak of it.

In children, owing to the peculiar development of the nervous system, the lower centres not being well knit with the higher, convulsions are apt to occur at the beginning of the attack. Where adults would have a chill, children will have convulsions. Toxic diseases will produce similar results. And if this tornado of the nerve centres reaches the centre of breathing the child frequently goes out, and your indicated remedy will not save it, because it cannot get there quick enough.

The scarlatina poison has certain elective points which it especially effects; first the throat, then the skin, later the kidneys, and different mucous membranes. It attacks the anterior part of the throat more than the posterior, and extends to the nasal cavities, where lymphatics are very

numerous; and with this extension its greater danger to produce glandular enlargements is added. Kali bich. given at this time may save much after trouble. With this it often attacks the blood and destroys it; *post mortems* show the blood to be black, fluid and uncoagulable, a state in which it is without the least power to carry oxygen and nourish the nerve centres, and no remedy may be able to restore it. In all toxic diseases that attack the blood in that way there must be fatal cases.

Some cases will die, though there be a history of perfectly healthy parents, and others will just get through by the "skin of their teeth," and there are enough deadly features about this disease to make it unnecessary to search through the patients' ancestry to find a reason for their dying. The inability of the tissues to take on healthy nutrition again after suffering from such detrimental effects, must have a marked tendency to sequelæ. Nor does twenty-five years' experience allow me to say that I can always prevent sequelæ. I hope the younger members of the profession can do so.

One sequel, which you get also in diphtheria, is a marked tendency to paralysis of the heart. Then is the time for a judicious use of stimulants and for great care. If you put the patient flat on his back, preventing him from raising even his head, and give him proper stimulants, you may get him through safely. The right kind of stimulant in such cases is a highly etherial wine, that is, an old wine which has had time to generate a considerable quantity of its peculiar ether. Such a wine at such a time is literally worth its weight in gold, for then you get a special stimulant for the heart that will tide over the crisis. Give the patient a dose of the wine before making any movement and he can go through with it in safety. It should also be given at regular intervals, for it will do much to restore and save the flagging heart. All these points come from a study of the pathological side of the question, and I am

sure no harm will be done to the action of the indicated remedy by their careful consideration.

In those cases where the eruption partakes of the dark color, showing a petechial character, and indicating the development of the before mentioned condition of the blood and its attendant low state of the blood vessels and nervous centres, the danger to life must be in a large number of cases too great for any remedy that we have any knowledge of at present to relieve. In fact, the fifth and only remaining child in the family where the four deaths were reported at the December meeting died from scarlet fever shortly after the others, and this notwithstanding it had the Ailanthus. I have this statement from the physician who attended the case.

In the action of the poison of this disease on the kidneys, whatever its nature may be, we find matter for grave reflection. In the earlier stage there may be a catarrh of these organs, and even a diphtheritic inflammation may develop in the pelvis of them, not a hopeful condition for the patient. Suppression of the urine, or hæmorrhage may add to the complication and danger. Nor is the fact that the fever has subsided, and the patient got up and around, or that he has apparently responded to the remedies given, an absolute assurance that the danger is past, for in too many cases we find that the poison is still in the system, as is evidenced by the acute form of Bright's disease, which follows. Now, if the medicines given were antidotes at all perfect in their action, we ought not to get this condition flashing up so long after we "cured" the patient. But until medicine has advanced beyond its state of today, or the most of us have been granted a degree of wisdom much beyond that which is vouchsafed to us at present, in order to select the "proper remedy," I fear that we will still have to sign some death certificates for post-scarlatinal nephritis. Yet by watching the case from the pathological standpoint, and early detecting the oncoming

of this sequelæ, and then with a milk diet, and such medicines as we have already mentioned, we can restore many patients to health. I let them have milk, and especially skimmed milk, in very liberal quantities, for it nourishes and floods the kidneys with sufficient liquid to wash out the irritating products of the disease. It is also especially necessary to see that the patient does not get chilled while the kidneys are laboring under this derangement, or the best selected remedies will be of no avail. *Clinique.*

SPRING-COUGH—SYPHILINUM.

THOMAS SKINNER, M. D., London.

I was asked to visit a lady, aged 60, who had *every spring a cough*, with or without a bleeding at the nose, hæmorrhage from the womb, or "something to worry her," as she said. This time it was her old irritable cough, which changed its semeiology from first to last, the same as a kaleidoscope or a weathercock. I had frequently prescribed for her before, but I was never puzzled to spot the remedy until this spring. The cough was *irritable, dry, and hacking, and generally worse at night*, sometimes awaking her at irregular hours *at or after midnight.* The lady was very stout, and elderly. As she had always been benefited by AMMONIA CARB., I gave her the 10m (F. C.) every two hours, which afforded her some temporary relief; but a turn of the kaleidoscope revealed some fresh symptoms, the cough was by day as well as by night, and gave her no peace or rest, and there was great *shortness of breath after coughing, with great debility and some thirst.* This clearly indicated ARSENICUM, so I gave her the 10m. (F. C.) in water every two or four hours, according to the sense of debility and the urgency of the cough. This relieved the debility somewhat, but it did not reach the cough, beyond giving another turn to the kaleidoscope. The exciting cause of the cough was now clearly settled in the

throat-pit and trachea, as well as the larynx, because the voice became gradually less and less, until complete aphonia set in. It was still bad, day and night, *but always worse most of the night*, and in spells or paroxysms, like whooping-cough without the whoop. *No part of the windpipe could be touched ever so lightly without exciting the cough;* and if she brought up any phlegm, which was not often, *she had to swallow it; still great debility.* There were very strong indications for LACHESIS, so she got it given her every two or four hours, 10m. (F. C.), but with only slight relief. I never was more puzzled or disappointed in my life. The next turn of the kaleidoscope revealed that *the cough was always easier when she lay on the right side, and invariably worse when on the left side or back, with loss of voice.* Here was Phosphorus, and she got it in the 10m. (F. C.) attenuation. Strange to say, the relief obtained was nothing to boast or to be proud of. I blamed the humid, cold state of the atmosphere, the changeableness of the weather, the season, the age and weakness of my patient; in short, I blamed everything and even my own want of power to spot the right remedy. Yet another turn of the kaleidoscope: She slept one night from 11 P. M. *till 3 A. M., when the cough awoke her and she had a paroxysm which lasted until 4 A. M.*, when she felt fairly exhausted. If any of my readers have a copy of Dr. Lippe's Materia Medica, and will read what he gives as a *photo* of Kali carb., he will find as near an approximation to the *similimum* in my patient as the most enthusiastic Hahnemannian could desire. I gave my patient the 10m (F. C.) in water every two or four hours, according to the urgency of the symptoms. It certainly did more than all the others put together, as she had two good nights and better days, and was able to get out of bed for a few hours in the afternoon, I must add, that all along the debility and exhaustion were so great I had no alternative but to support the patient's strength with a tea-

spoonful or two of brandy in a little water whenever she or the nurse thought she required it. One pint lasted something like three weeks. The Kali carb. was only effective for two days and nights, when it fairly failed to do the slightest good. One more turn of the kleidoscope and we have a new feature. In the U. S. A. you have a very good keynote, "*Every medicine disagrees*, Nux." I have invented another on this side, "*No judiciously selected remedy does any good*, Sulphur."* In order to make certain, I turned up "Allen's Encyclopædia," article *Sulphur*, and read up Cough. &c., which, by the way, is a Herculean piece of reading. I was satisfied, and gave it by way of an *intercurrent*, as it seemed strongly indicated, in one dose of the cm. (F. C.), and followed it up with the Sac. lac. The improvement, if any, did not last, and when all but at my wits' end I gave the kaleidoscope another, a last turn, and here is the exact *photo* twenty-four hours after the dose of Sulphur: *Terrible dread of the night, not on account of the cough so much as on account of the mental and physical exhaustion when she awakes. It was intolerable, "death were preferable."* I asked her when this symptom begins to get worse? "*Always as night approaches.*" In other words, as *darkness* approaches.

"*I fear to prepare for the night, and I am positively in abject fear of the suffering in the form of exhaustion on awakening. It is of course aggravated by the cough,—but it is quite independent of the cough, as I awake in this awful state.*" When does this abject fear of the terrible exhaustion and cough leave you? "*About daylight, which I pray for.*"

"It is a long lane which has no turning." To my feeling and experience, here was a long lane which I was beginning to think could only have one turning and that was in death, certainly not in recovery, seeing that so many

* Or this one: "When the indicated remedy fails to relieve," Psorinum. ED.

well and judiciously selected remedies had signally failed.

I gave her in the morning after breakfast one single dose of Syphilinum cm. (F. C.). No other medicine, not even Sac. lac. Next morning's report was, that she had the best night these three weeks, free from cough and less exhaustion on awaking, scarcely any fear. This improvement continued for two days and nights. On the third night the fear, anxiety and cough returned, though very much less. In the morning before breakfast she got one more dose of Syphilinum cm. (F. C.) and my patient has required no more medicine of any kind, nor brandy, and her voice steadily returned. She drives out in her carriage whenever the weather will admit of it. The good soul worries the life out of me whenever she meets me, by asking me the name of that "charming, that miracle working remedy on body and soul which you found for me at last."

That brings me to make a few remarke upon *the name* of this heavenly nosode brought from *Infernus*. Can not we rechristen it and make the name sound less horrible in ears polite?—and more especially in the ears of the better half of fair women. I have thought of this a long time, and this case has brought me to "the sticking point," and I mean to have the change of name effected.

As I desire to take the profession into my confidence, I would suggest that the editor should give us the use of his pages in order to settle this most important point. I shall open the ball with the following suggestions:

Unfortunately syphilis is but too common a disease and very much too well known, and to call our famous nosode by its proper name is too, too much. "What's in a name?" "A rose by any other name would smell as sweet," and this nosode with almost any other name would sound much sweeter. An old name for Syphilis was *Box*, another was and still is *Lues venerea* and *Lues Syphilitica*. Lues is derived from the Greek word Λύω (Luo) to melt away, and its synomyme is plague, pest, or pestilence, and it was

called so from its contagious and spreading character. The disease, as known at the present, is nothing compared with what it was in the fifteenth century. It has struck me that *Luesinum* is as good a nickname or change of name as we could adopt. The terms venerea or syphilitica are out of court at once. *Verole*, the French word for various forms of eruptive fevers, was at one time, and I believe still is, applied to syphilis or "pox," and in England they often spoke of syphilis as "French pox." *Verolinum* would not sound bad, and it would not arouse suspicion, only it is too like *Variolinum*, and it is also the French for the latter (small-pox matter attenuated). Syphilis has frequently been named from the country where it was either most famous or most virulent, or from the country which had the honor or celebrity of first generating the virus. Hence the terms *Morbus Gallicus*, *Morbus Neapolitanus*, and *Morbus Americanus*. In Britain a strong party held, and likely do still hold, that Columbus or his crew brought it over with them. It is some comfort for my American cousins to know that these historical facts are always recorded by the enemy, by one country of another.

I leave these few suggestions to work their way, to leaven a bit, and I trust that one or more men of mark will take up the subject in debate and suggest a less objectionable name than *Syphilinum*, and if they can suggest a better than *Luesinum*, let us have it. I will only add that though *Lues venerea* is a term well known and used in the profession of medicine; it is scarcely, if at all, known to the public.

In conclusion—as regards the case of spring cough which I have described in this paper—some may and will say, that there were too many medicines administered; that it might be one or all of the previous ones just coming into action,—"Very like a whale." I have given in every new selection of a medicine the *photo* in italics. I have done the same with the last, and he who runs may read the rela-

tion of cause and effect. I feel certain that it was a case of constitutional syphilis engrafted on psora, of which more perhaps another day. Unfortunately for the cause, about two years ago my leather hand-bag was stolen at Victoria Railway Station, and it contained my copy of Dr. Simmon's Cough Repertory interleaved, containing all my voluminous notes of ten years, and in particular my cases of desperate coughs cured with, shall I call it, *Luesinum*.

DAVID S. SMITH., M. D.

The subject of this sketch has, we think, justly won for himself the title of the "Father of Western Homœopathy," and as such deserves more than a passing notice.

David Sheppard Smith was born in Camden, New Jersey, on the 28th of April, 1816, and has just passed his 70th birthday. His father, Isaac Smith, was a native of Salem County, New Jersey. His mother's family name was Wheaton, the family being of direct Welsh derivation. His parents were both noted for great force of character, and gave the son a good send-off in life in physique and an excellent youthful training. To his mother especially was he indebted for instruction in youth. His early ambition was for a high mental culture. While little more than a youth he evinced a strong inclination to study the healing art, and at the age of seventeen, as a student of medicine, entered the office of Dr. Isaac S. Mulford. He attended three full terms of lectures at the Jefferson Medical College in Philadelphia, then, as it is now, one of the very foremost medical schools on the continent, and graduated from that institution in 1836.

Armed with his diploma he now looked about for a field of practice, and soon determined to settle in the West. The point chosen was Chicago, then a small town on the prairie, depending for company, defense and supplies on the gov-

Yours Truly
D. J. Smith M. D.

ernment outposts of Fort Dearborn, and there, when only twenty years of age, he pitched his tent.

In 1837 he returned to Camden to enjoy a visit to his parents (and, as will be seen, for other important reasons). This visit was the occasion of his first examination of the then novel doctrines of Homœpathy. He became so deeply interested in the subject that he determined to give it a thorough investigation. To this end he bought all the books he could find (homœopathic books were rare in 1837) relating to the doctrines and tenets of Hahnemann, and carefully studied them, and cautiously experimented with the new and novel system. Removing for a period to Joliet, he there pursued the study of Homœopathy assiduously. Soon after his return from that place his first born was taken sick, and the case not yielding to allopathic treatment, a successful resort was had to Homœopathy. Thus, the clinical experiment—the true test of any system of therapeutics—dates the actual establishment of Dr. Smith's confidence in the doctrines of Hahnemann. In 1842 he returned to Chicago, where he retained the old form of practice but for a few months, becoming, though meeting with the average success in his treatment of cases according to the old system, more and more dissatisfied with it. In 1843 he went East on business, and while there procured more works on Homœopathy. On his return to Chicago he fully adopted the new system in his practice, and was the first to introduce it west of the great lakes. It grew rapidly in favor, aud soon Dr. Smith had more calls for his professional services than he could possibly respond to. Other homœopathic practitioners were attracted to his side, and soon the advocates of the new school of medicine formed a medical body whose power has kept pace with other great factors in the development of the western metropolis. He has therefore been closely identified with Chicago from its early and unpromising infancy to its present giant proportions.

The ranking physician of both schools of practice in Chicago, he procured from the Illinois Legislature of 1854–55 the charter of the Hahnemann Medical College of Chicago. The original draft of this charter Dr. Smith wrote in the law office of Abraham Lincoln.

From its commencement Dr. Smith has held the position of president of the board of trustees of the Hahnemann Medical College. In recognition of his eminent ability and services, an honorary degree was conferred on him in 1856 by the Homœopathic Medical College of Cleveland. In 1857 he was elected general secretary of the American Institute; in 1858 was chosen its president, and, in 1865, treasurer of this national association.

In 1866, he was compelled for a time to relinquish his immense and exacting practice and seek much needed rest in a visit to Europe, whence he returned with renewed health. While there he studied the hospitals and colleges with keen observation, receiving the friendliest attentions and marks of distinguished consideration from men of learning and eminence. In 1867 he returned to Chicago in full possession of health, to enjoy the friendship and esteem of his medical *confréres*, which a laborious and honorable professional career alone can win.

He was married in 1837 to Miss Rebecca A. Dennis, of Salem N. J. The marriage has been blessed with four children, two of which survive, the eldest, Mrs. Whitehead, wife of Major F. F. Whitehead, of the Army, at present stationed at New Orleans; the other, Caroline, the wife of J. L. Ely, of New York city. Dr. Smith is a man of deep religious convictions, and an attendant on the worship of the Methodist Episcopal Church. A man of sterling integrity, unflinching uprightness, he has done much to build up and sustain the banner of Similia in the West, and long may he live to enjoy the reward of genial nature, indefatigible industry and generous hospitality.

SOCIETIES.

WESTERN NEW YORK SOCIETY CELEBRATES HAHNEMANN'S BIRTHDAY.

The anniversary of the birthday of Hahnemann was appropriately celebrated by a banquet at Powers Hotel, Rochester. After the regular business of the Society was completed, the members sat down to an elaborate dinner at the Powers Hotel, to which ample justice was done. Among those present were: Drs. Lee, Dayfoot, Wolcott, Sumner, White, Collins, Bissell, Earl, Fowler, Buell, Rochester; Graham, Brockport; Walker, West Henrietta; Kellogg, East Rush; Brayton, Stearns, Lewis, Buffalo; Perkins, Victor; Hutching, Batavia; Couch, Fredonia; Gifford, Attica; Wilson, Northeast, Pa.; McPherson, Lyons; Seymour, Westfield; Covert, Grant, Bath; Bryan, Corning; Alling, Dunkirk; Hibbard, Olean.

Ladies—Mrs. Couch, Fredonia; Mrs. Hutching, Batavia; Miss Grant, Bath; Miss Sutherland, Rochester.

Dr. J. M. Lee, of Rochester, presided, and delivered the following address of welcome: In behalf of the Monroe Co. Homœopathic Medical Society I have the pleasure to offer a most cordial welcome to all. We have striven to make your visit to the Flower City eminently enjoyable and profitable. This spirit seems highly contagious, and you contribute your full part by your presence, your encouragement, your valuable papers, and what is still better, interchange of thought and experience. The clientage of no other profession requires more of their servants than do ours; the work in no other field more tiresome or exacting. Therefore, recreation, a thing almost unknown to the busy doctor, is needed by every one of us, and if it is useful as well as pleasant, so much the better. But something more noble than recreation, interchange of thought, or the gathering of new points, awaits us this evening. It is to pay

homage to the illustrious dead, who, as a boy, was taught to think; who, by his own exertions, passed through the preparatory schools and university; was proficient in eight languages, and as an "old school" physician occupied an advanced position; who did more than all others to expel methods of barbarism, uncertain and unscientific practices, polypharmacy, excessive and dangerous medication. We pay respect to the man who first taught hygiene and a rational and humane treatment of the insane; the greatest chemist, greatest medical author, and most skillful physician of his day. To the one who scrutinized every doctrine and accepted nothing until he had proved its truth; to the one raised up by Almighty God to revolutionize medicine, bring order out of chaos, and become the greatest benefactor the world has ever known. The name of this man with such giant intellect and great renown is on every lip—it is that of the immortal Hahnemann.

The first toast of the evening was "The Immortal Hahnemann," responded to by Dr. Asa S. Couch, of Fredonia, president of the Western New York Society:

LADIES AND GENTLEMEN:—The Homœopathic Medical Society of Western N. Y. most sincerely thanks the sister society of Monroe for its hearty salutation and welcome on this occasion. It also fully reciprocates the fraternal sentiments which President Lee has in such felicitous language extended to it. It also thoroughly endorses his idea that reunions like this should be of more frequent occurrence among physicians. Those who "love darkness rather than light because their deeds are evil" do not thus publicly come together and cement a companionship in expressions of sympathy, of respect and of regard; and those who work less hard, who give fewer of the hours of repose to the service of mankind, who enjoy and revel in all the holidays while the doctor must ever be on duty and can call none of them certainly his own, do not perhaps so much require them. Sir, the hospitality of the Homœopathic Medical

Society of Monroe has long been known; it fact, it may be said to have passed into history.

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Dr. Samuel C. F. Hahnemann, sir, as you have declared, was one of the most illustrious men of his age. I beg to supplement this by the declaration that his work was the greatest light ever set in the dark places of medical history. There are those who openly or covertly sneer when his name is mentioned, and upon the principle that it is "better to be a live dog than a dead lion," perhaps such sneers may in a measure be justified.

But Mr. Hahnemann, who was a keen logician, an extraordinary analyst, and a magnificent linguist—as you have observed, speaking and writing readily in eight or nine different languages—may well rest in peace when we know that some of these would-be traducers speak their own incorrectly, spell heart without an "e," and declare as I have myself heard, that the foramen ovale, at the base of the cranium, gives passage to the œsophagus. Of course if such men ever had any brains it is natural that they should have disappeared. The qualities of Hahnemann's mind were such that he was disgusted with the killing qualities of the profession which he had embraced. He declined to practice upon humanity from the stupid rules and blundering devices which had been taught him in the regular schools. By translating from the publications of other nations he hoped to modify and perhaps to mitigate the surrounding darkness in his own. It was while thus engaged that beams of coming morning were caught by his remarkable mind and refracted onward for the inestimable blessing of the world.

* * * * * *

Dr. Couch then illustrated the scientific accuracy and beauty of the electuary of Andromachus, invented to cure the bites of venomous serpents, into the composition of which entered sixty-five different drugs, and comparing it

with modern practice said: "In notes from the chair of Theory and Practice, taken by myself in one of our best old school colleges in 1883, I find the following literal entry touching the treatment of acute inflammation of the brain and its membranes in infants:

"If the inflammation still persists, shave the head and put on an ice cap; open both temporal arteries, put a blister on the back of the neck, give a brisk cathartic, inject hot turpentine and put the feet in boiling water." This mild derivative treatment was always successful upon its theory. But if what went before by Andromachus and others, and what followed so long after in our medical colleges, are any evidence in that direction, Hahnemann's light was certainly set in a tolerably dark place in medical history. But a better evidence is the fact that his work has revolutionized the practice of medicine throughout the civilized world. It has reduced the number of drugs in a compound from sixty-four to six, and in many instances to one, and that in the shape of parvule or granule, containing from the one-tenth to the one three-hundredths of a grain. The gun is the same old blunderbuss—but the amunition, thanks to Homœopathy, is somewhal less bad—fewer balls in the grape and less slugs in the canister.

It has caused works on therapeutics by Ringer and Phillips—largely stolen from Homœopathy—to be recommended and introduced as text-books in the regular (?) schools. What better evidence of power and of conquest could be introduced on behalf of our medical progenitor?

[And it is for this scientific (?) mode of practice, this meaningless method of guessing, for which our New York cotemporary, the *Medical Times* has dropped its "pathy" and in order to hasten the millenium would have all Homœopaths do the same].

* * * * * *

THE REGULAR. (?)

In the earlier days of Homœopathy—and when I look

about me and see the confereès who have more silver on their heads than as physicians they are likely to have in their pockets, I know I look upon those who will understand and agree with me when I say—the fight against the system was made upon the broad claim that it represented nothing but unmitigated trash and quackery. But now that the larger intelligence and more than one-half of the taxable property of the best portions of our land are represented by those who employ its physicians, the great objection is that we employ a pseudonym and call ourselves by a special name. If we will only drop this we may graciously be received back into the regular (?) fold. Now, what is "regular" but a patronymic? In grammar we have parts of speech which are "regular, irregular and defective," "active, passive and neuter," and as our old-school friends have appropriated what is desirable in the way of a pseudonym in such a discrimination it leaves to us and the Eclectics the decision whether we will take the irregular and defective, the passive and neuter or not. I think I may safely assume to speak for all of us when I declare that we will take neither of the unwholesome leavings, but will, so long as our old-school friends arrogate to themselves, the pseudonym of regular (?), take to ourselves that of homœopathist and "fight it out on that line if it takes all summer."

The speaker cautioned his hearers to beware of hero-worship, but enjoined a firm adherence to the principles of Hahnemann, in memory of whom they had met to-night.

The next toast was "The Banquet—The mighty lens that shall concentrate to a common focus the brightest thoughts of the brightest minds in the galaxy of homœopaths, and burn to ashes every false theory, every vicious practice and every jealous sentiment."

Dr. Grant of Bath responded:

No spectacle can be presented to the thoughtful mind more solemn than that of the dying of ancient dogmas that

have been held up to the people for the cure of the ills, to which flesh is heir, until it beamed forth from the great mind of him whose birthday we celebrate by this grand banquet. The lens could not be concentrated to a common focus, for no two could see alike without a law or principle.

It is an easy thing for those who are governed by a law to see a thing, but there is an old saying that "None so blind as those who won't see." Had Hahnemann had the slightest doubt of the truth of the law he discovered, he never could have endured the persecution that followed him all those years; and notwithstanding all the persecution there now stands a splendid monument to his memory that will tell to all what wonderful changes took place in a few years. I will not annoy you by speaking of the many changes from the days of Æsculpius to the present, but by looking back even twenty years you see change written upon everything concerning the old school of medicine. Why did they stop their bleeding, purging and vomiting? Did not public opinion force them to acknowledge that they were wrong then, and in my opinion, public opinion has not finished her work with them yet. I think it was Huxley who said that "Extinguished ideas in medicine lie beside the cradle of science like a strangled serpent." But I think I hear some one say, have you homœopaths not changed your ways, too?

I answer emphatically, no! Homœopathy is a principle that cannot be changed—empiricism or prescribing a conglomeration of drugs for some name, is the biggist fraud in medicine. I always feel ashamed when I hear any of my own school say, such a person has liver complaint or heart disease. That means quinine or morphine. We have now and then an old "Miss Nancy" who goes about saying that the two schools are coming together, which error the people in many cases are ready to believe. How long is it since the allopaths were quarreling among themselves concerning medical ethics? Some were willing to recognize

Homœopathy, while many were ready to eat us. Now the gist of the matter is this, give me my friends in time of need, and you can have my enemies. There may be noble exceptions, but there is so much affected medical friendship that stands ready to grip you when an opportunity presents itself. After so many declarations in their state society of friendship, how they connived to get the advantage in the recent effort to obtain numerical power in the appointment of a board of medical examiners, and had it not been for a few like Paine of Albany the bill would have been slyly and quietly put through, and then would there have been a ghost of a chance for a homœopathic student to pass?

You will remember that Baker of Steuben, and Fassett, our member, both leaders in the House and Senate were selected, I am informed, by prominent allopaths, to push the bill through, and the ink had hardly dried in the daily papers before "red hot" letters were sent to those gentlemen, telling them to beware of the few and the future. That was the last of the bill. Steuben county has a few with an eye to see quickly the best course to pursue; but Corning has one man, at least, to whom we owe much. The following beautiful lines will give a faint idea of what we think of him in Steuben:

There is nothing bad about him unless he gets riled—
  The boys will all back me in that;
But if any one treads on his corns, then you bet
  He will fight at the drop of the hat.

At the annual meeting of the State Society some one introduced a resolution* to strike out Similia Similibus Curantur, so that some of these wolves in sheep's clothing can come in and commune with us. If such a resolution should ever pass nitro-glycerine would be a mild explosive in comparison with what you would hear. Would it not be nice for those dear souls that when they meet you will extend

*President Terry recommended it in his annual address.—Ed.

their unwashed hand for a shake, accompanied by the hypocritical remark that the two schools of medicine are soon to merge into one, and we will have no more "pathies." Oh, what a heaven upon earth it will be when such a time comes. I recently attended an allopathic county society in my own town, and during the annual address of the president I heard this beautiful sentiment: "I believe that in the near future history will repeat itself, and we shall gladly return to the good old days of calomel and the lancet." And this man is very friendly to me, and frequently says "there is but little that separates us, as physicians. I use your remedies in small and often repeated doses." This is a fair showing of what lies back of all this talk of peace where there is no peace; this talk of giving small doses and telling the people that they, too, can practice Homœopathy as well as any one, especially if the family lean that way, as though the size of the dose had anything to do with law that governs the selection of the drug. And now, ladies and gentlemen, let us stand by the only law of cure that God has ever given or will give to man, and stand by the principles and laws discovered by him whose birth we celebrate tonight, for

The noblest purpose wins at last,
The wrong fails in the end;
If thou wilt by the truth stand fast
'Twill prove thy firmest friend.

"The Present Hour—Anticipation may be good, but participation is better." Dr. J. W. Buell of Rochester responded.

It is an old saying which lies at the basis of every European throne, that "The King can do no Wrong." There is another phrase, descriptive of the cold blooded inquisitors who, in olden times, used to sit comfortably at the heads of banqueting boards, never missing a dish or decanter, and putting their modest fellows through the torture of speech-making. These were called the kings of the revels.

Our demure friend, the toast master of the evening, is an official descendant of these gentry. Hence, he is a king by divine right of Bacchus, and we must conclude that he can do no wrong. Thus I suppose I must admit he does right in dragging me from the comfortable privacy of my chair to the diffident equilibrium of my feet, and in leveling at my head such a pragmatical assertion of assumed fact as is embodied in the statement to which I am called upon to respond: "Anticipation may be good, but participation is better." There is nothing more deadly than a proverb or an epigram. It does more to make life a howling wilderness than malaria or tares, and has made more good men tell lies than the jury system or the enforced reporting of cases of death." Now, with all due respect to our king of the revels, I will say that there are cases where anticipation is at a premium and participation is not quoted on the street.

You may have heard of the Prodigal Son; there is an instance. Then there was Pharaoh, when he went after the children of Israel into the Red Sea; Napoleon when he went to Moscow; Mother Hubbard when she went to the cupboard; Sam Patch and a number of other historical characters. Just now I am participating in a speech, but I do not enjoy it half so much as I do the anticipation of hearing some other gentleman try the same experiment. Just after so delightful a repast too, I think so broad a compliment to the present is a trifle ungracious to the past.

The next toast, that of "The Press," was responded to by George Moss of the *Union and Advertiser*.

"Electricity" was responded to in an able speech by Dr. S. N. Brayton of Buffalo.

"A Higher Standard of Medical Education" was the next sentiment; response by Dr. G. R. Stearns of Buffalo in a poetic effusion that was much enjoyed, but is too long for our columns.

"The Country Doctor—Cheerfulness, contentment and

competency; cheerful in his practice, content in his clientage, and competency in his pocket." Responded to by Dr. H. S. Hutching of Batavia.

"The Aurist" was the next toast and received from Dr. W. P. Fowler of Rochester a fitting response for the occupation of the specialist.

"The Prospectiye Homœopathic Hospital" brought an enthusiastic response from Dr. H. M. Dayfoot. He said that with its industries, its increasing educational interests and vast and rapidly growing business facilities, its 100,000 population, Rochester was yet sadly lacking in one respect, it had no homœopathic hospital. But he was strong in the faith that it was a thing of the near future.

"The Single Remedy" found in Dr. E. J. Bissell of Rochester a fitting reply:

The great tripartite problem—man, disease, cure—is constantly before the physician for solution. To secure the last factor of this problem in the safest, quickest, and most scientific manner should ever be the highest aim of the true physician. We who have met here to-night claim to have a scientific therapeutics—a law of cure—a guide in solving the problem. If this claim is false; if our therapeutics have not a sure scientific basis, then the grand structure that Hahnemann and his followers have builded must ultimately fall.

But of what use are sound therapeutic laws unless scientifically applied? I utter no new truth when I say that the single remedy is the only strictly scientific way of applying our law to the cure of the sick. Every medicinal agent contains a force peculiar to itself. What that force is we learn by giving the pure drug to the healthy; not in alteration, not in combination with other drugs, but *alone*. The pathogenesis, thus secured, forms the grand basis and groundwork of our homœopathic system. Of the actions of combined drugs we know but little; of the single drug we know much; therefore, in administering drugs to the sick the single remedy becomes a scientific necessity.

While we generally depend upon the law, *similia similibus curantur*, in selecting our remedy, still we meet many cases where we more or less depend upon clinical facts. These clinical facts, to be trustworthy and reliable, must be the direct result of the single remedy. If more than one remedy has been given we cannot tell to which remedy to ascribe the cure. The one great fact that has kept the therapeutics of our old school brethren from making more rapid advancement and caused some of their best men to almost abandon the use of drugs, is their polypharmacy. Cannot this with some truth be said of us? Can we afford to retard the advancement of our homœopathic therapeutics by careless and unscientific prescribing? One thing more; the properly selected single remedy is for the best interest of our patient, for by it we can obtain the quickest and best result. We must individualize our case. No excuse of lack of time can be accepted. Our patients have a right to expect—yes, demand—our highest and best skill. In a work that involves a human life we have no right to depend upon the sands of presumption when the rocks of certainty are near at hand and all carved and fitted for the work we wish to accomplish. I admit that to individualize a case demands exactness, minuteness and delicacy of observation, but in the fields of science exactness is a necessity, for without it true progress and complete success are impossible. To properly select the single remedy requires the earnest thought and careful attention of the physician and a patience and acuteness of observation not excelled by chemists, microscopists or astronomers. This may seem to be asking too much of the busy practitioner. In reply, I have but to say that if the work we are engaged in is worth doing, it is worth doing well. Until we have found a better and more scientific way let us closely follow the profound teachings of our immortal Hahnemann.

"The Eye," was happily yet learnedly responded to by Dr. F. Parke Lewis the able oculist of Buffalo.

"The Ladies" had an eloquent champion in Dr. J. C. McPherson of Lyons, whom the fair sex will always find ready to respond to a toast or engage in sterner work when duty calls.

THE MONROE COUNTY SOCIETY.

"This is the place; stand still, my steed,
Let me review the scene,
And summon from the shadowy past,
The forms that once have been."

Response by Dr. E. H. Wolcott of Rochester, who said: The Monroe county society was organized Jan. 2, 1866, with fourteen charter members; only three of whom are now practicing in this city. The first has been Hurd and is Hurd to-day through years of renowned glory; the second is White, spotless in his professional career; and the name Charles Sumner is familiar to every American citizen. The officers chosen at the organization were: Dr. George Lewis, president, Dr. M. M. Matthews, vice-president, and Dr. D. A. Baldwin, secretary and treasurer. As we compare the society with those of other cities and with the opposition that homœopathy has received elsewhere, we have but little reason for complaint. Yet a sufficient amount of friction has been generated to produce healthy growth and activity. The history of the society has been one or gradual growth and steady progress; its present membership is thirty-eight. During the last year much has been done to place it on a still better foundation. The banquet one year ago was a marked success; the quarterly meetings are unusually well attended, many interesting and valuable papers being read and discussed, while the hospital project matured under our worthy ex-president, Dr. Dayfoot. And with this fresh impulse our enthusiasm has been aroused to greater activity, our courage and zeal for the cause of homœopathy stimulated and the love we bear for the immortal Hahnemann is stronger than ever, while we intend that the Monroe society shall grow and prosper and become

a greater power than ever. Yes, we are now turned leeward and nothing can mar or stay our progress. We will march on from victory to victory "until there are no more worlds to conquor."

The following toast, at midnight, concluded a very successful banquet:

"The Old School—No sympathy, no cards." Responded to by Dr. Bryan of Corning. The old school, he said, is ancient, intolerant, oppressive. You may trace her history by the blood of her victims up to the time of Hahnemann.

MICHIGAN STATE SOCIETY.

It was a little after ten o'clock when the gavel of President Grant announced the opening of the most pleasant and most profitable meeting which the Michigan Homœopathic Medical Society has ever held. Dr. A. B. Cornell, chairman of the local committee, extended to the society a hearty welcome to Kalamazoo, to which the President made a fitting response.

In the absence of the Treasurer, Dr. R. B. House was appointed Treasurer *pro tem.*, and the reports of the Secretary, Corresponding Secretary and Treasurer were read and referred to the auditing committee. According to the report of the Treasurer, after the bills of the present session are paid the funds will be exhausted, and there is little hope of printing the proceedings of the present session. This is the common complaint in most of our state societies. A treasurer is elected and then compelled to beg the members to do their duty, viz.: pay their annual dues. The members are politely asked to remit; many look upon the invitation as a dunn, become offended, and never again attend the society. This condition of things is the bane of our societies and ought not to exist. The Treasurer, if he has any business of his own, (and if he has not, is neither

fit for nor wanted in the office) has enough collecting to do without being compelled to dunn those who ought to pay without.

The "Bureau of Microscopy and Histology" was the only one without a personal representative, but the single paper of Dr. Champlin on "The Microscope and its use in Diagnosis," being chiefly a plea for its practical application, elicited a profitable discussion. The writer said: "A disease somewhat resembling scabies has been prevalent of late in various parts of the county in which I reside. In a few cases coming under my notice the characteristic acarus could be found, but in others it could not. As some patients do not like to acknowledge the itch, the microscope was invaluable in making a correct diagnosis."

Several members related their experience in treating this affection, not only with the internal remedy but by topical applications. Dr. Grant reported a case cured with Sulphur 20m., and some members appeared to think the statement "a little strange for the President of the society," after hearing his annual address.

Dr. A. B. Cornell presented a very interesting clinical case of alopecia, and on motion the President appointed a committee consisting of Drs. Obetz, Covey and Rorabacher to examine it and report. The committee was assisted by Dr. H. B. Fellows, of Chicago, and reported it as a case depending on disease of the nervous system, and recommended Sulphur as his remedy.

Reports of society delegates were responded to by Dr. Allen, for New York; Dr. House, for Ohio; Dr. Dever, for Barry and Eaton County; and Dr. Brown, for Central Michigan.

The Necrologist, Dr. Eldridge, reported the death of Drs. Franklin, Woodruff and Backus.

On motion the courtesies of the floor were extended to visiting physicians and they were invited to participate in the discussions.

The advantages and disadvantages of allowing a member to occupy a position on more than one bureau was very well illustrated in the case of the next two bureaus, "Obstetrics" and "Gynæcology." In the former the subject was "Labor," assigned as follows: First stage, Dr. Knight; second stage, Dr. Baldwin; third stage, Dr. Cleveland. Dr. Baldwin was not only unavoidably absent but neglected to send his paper, hence the "labor" was without a "second stage," to the great relief of the patient and corresponding disadvantage of the society. Nevertheless the papers elicited a very interesting discussion, participated in by Drs. Reynolds, Bailey, Nottingham, Brown, Wood, Cornell, Ayres, Porter, McLachlan, Martin and Jones.

The "Bureau of Gynæcology" also presented three papers linked together: "Neoplasms," by Dr. Porter; "Ovaritis," by Dr. Baldwin; and "Dysmenorrhœa," by Dr. Wood. The absence of Dr. Baldwin's paper was a drawback to the intelligent discussion of the subject as mapped out, but the papers that were read were among the best presented to the society, and the discussion was enjoyed by all. Had Dr. Baldwin been on only one bureau he would probably have had one good paper.

At the evening session, the "Bureau of Mental and Nervous Diseases" took up the subject of "Chorea"—"The Etiology," by Dr. Crippen, "Diagnosis and Prognosis," by Dr. Folsom (not sent), and the "Therapeutics," by Dr. Rorabacher. The papers were well digested and in discussion Dr. Fellows, of Chicago, made some valuable suggessions, both in etiology, prevention and treatment. He strongly insisted upon the isolation of patients suffering from chorea. Tarantula introduced by the late Dr. Nunez, of Spain, is one of the most frequently indicated remedies in the treatment of this affection, was not mentioned by the essayist.

A telegram from the Minnesota Institute of Homœopathy wishing the society God speed in its good work was

read with applause and the Secretary directed to reply.

The "Bureau of Surgery" took up "Caries of the Vertebræ," the ætiology, diagnosis and prognosis of which were given by the chairman, Dr. Bailey, and its treatment, medical and surgical, was very well given by Dr. Obetz. These were both valuable papers and elicited an instructive and interesting discussion, especially in mechanical appliances, by Drs. Clark, Allen, Fellows, Brown, Obetz and Bailey.

Wednesday morning the following members answered the roll call: Drs. A. B. Grant, L. T. Van Horn, B. L. Cleveland, L. E. Knapp, J. C. Wood, R. B. House, D. A. McLachlan, L. M. Jones, O. S. Hartson, M. E. Knapp, F. E. Palmer, F. H. Tyler, Phil Porter, H. B. Fellows, Tappan Halsey, J. N. Reynolds, H. L. Obetz, E. F. Chase, J. F. Brown, A. T. Bodle, M. C. Sinclair, H. C. Allen, Wm. Bailey, T. F. H. Spreng, L. A. Snell, O. Wheeler, J. Dever, L. S. Porter, J. C. Nottingham, D. J. McGuire, H. M. Warren, J. O. Spinning, H. L. Miller, Coulton, J. S. Martin, W. D. Clark, C. F. Waters, C. J. Covey, G. D. Green, W. E. Clark, M. Rorabacher, C. C. Landon, A. B. Cornell, E. A. Balyeat, Sill, Ayres, Pengelly, and Mrs. M. P. Havens.

Dr. Crippen sent in his resignation on account of removal from the state, which on motion was accepted.

The "Bureau of O. and O." comprised two papers, one by D. J. McGuire, on "Rheumatic Iritis," and one by J. F. Brown, on "Serous Iritis." The discussion on these papers was limited, the members being apparently willing to relegate this important subject to the specialists.

The "Bureau of Materia Medica" took up the study of "Sepia," and had threr papers on the subject by Drs. Brigham, Landon and Allen, which we hope to publish in full in a future issue.

The committee on nominations of chairmen of the various bureaus made the following report which was adopted. Physiology, W. M. Bailey; Microscopy, R. C. Olin; Obstet-

rics, B. L. Cleveland; Mental Diseases, H. M. Warren; Surgery, J. F. Brown; Gynæcology, J. C. Wood; Pathology, D. A. McLachlan; Practice, J. N. Reynolds; Materia Medica, D. M. Nottingham; Pædology, H. W. Champlin.

Dr. Allen called attention to the fact that the American Institute had never honored Michigan by holding a session within its borders. This was partly due to the fact that we have been hitherto unable to provide a place in which the Institute could be properly entertained. That objection no longer obtains. The proprietors of the "Oakland," one of the largest and finest pleasure resorts west of Saratoga, have agreed to entertain the members in 1887 if the Institute will honor us, and on motion of Dr. Obetz a unanimous invitation was extended the American Institute to hold its session of 1887 in Michigan.

The committee on the president's address, Drs. Covey, Porter and McLachlan, made the following recommendation: "In carefully reviewing the controversy over the Northern Asylum, your committee would respectfully suggest that future action in the matter be referred to the board of control, and that a vote of censure be passed by the society upon the action taken by the board of trustees in appointing a medical superintendent from the allopathic school in violation of the expressed wish of the legislature as set forth in the session laws of 1883, act 177."

The "Bureau of Pathology" had a paper on "Uremia," by Dr. McLachlan.

For the "Bureau of Practice," D. M. Nottingham read a paper on "Scarlet Fever," illustrating by cases from practice. In prophylaxis instead of the indiscriminate use of Belladonna he recommended the remedy indicated by the character of the epidemic. In this his position was sound.

Dr. L. T. Van Horn, from the "Bureau of Pædology," read a paper on "Aphthæ," giving its differential diagnosis, its special hygiene and the history and treatment of a case from practice. Dr. Warren presented a paper on "Ma-

rasmus," which closed the bureau work of the session.

After electing the following officers the society adjourned, to meet next year in Lansing.

President—H. M. Warren, Jonesville.
Vice-President—D. J. McGuire, Detroit.
Secretary—L. T. Van Horn, Homer.
Treasurer—J. N. Reynolds, Grand Haven.

OBSTETRICS.

OBSTETRICS AMONG THE INDIANS.

J. J. STURGUS, M. D., Olathe, Kan.

The services of the physician are very seldom required in this department of medicine among the female aborigines. During a period of two years and six months among them I was present at but one childbirth (and that through accident) and was consulted in but two cases—those of retained placenta. The remarkable freedom from the terrors of childbirth which this race seems to enjoy, the rare complications of pregnancy, the infrequency of dystocia among them and the rapidity with which they recover from the effects of labor, have furnished food for reflection to the "Society doctor" for many a day. I used to read with a good deal of dubiousness the account of the Indian women while on the march suddenly dropping behind the cavalcade, giving birth to a young buck in the hidden messes of a bush or tree, and catching up with the procession before it was fairly out of sight. But now I am prepared to accept such statements without the customary "pinch of salt" with which I formerly credited them. With them, giving birth to a child is, ordinarily, no more of an undertaking than going to the spring or river for a pail of water. I have known repeated instances of Indian women giving birth to children during the night and the following day going about their usual household duties. Now, why is it that

this race is so free from the dangers and complications of labor? They make no preparation whatever for its coming. They eat clams and fish up to the hour of delivery, and continue to eat them as soon after the completion of labor as they crave food. Yet they seem to suffer no ill effects. I think the explanation is found in the way they live, and more especially in the way they dress. Their clothing—which, except in the coldest weather consists of but a single garment—is suspended from the shoulders. There is no confinement about the hips or waist, and never has been for generations. Then again they lead an active, out-door life, in vigorous often laborious exercise up to the day, and even to the hour of childbirth. Now these two conditions, coupled with the fact that an Indian woman considers it no disgrace to have as many children as nature may see fit to bestow upon her, and, consequently takes none of those precautions to prevent conception so generally indulged in by the modern society belle, renders labor easy and natural. In this respect society could learn a lesson from the untutored red-woman. And it would not require many generations either to rob child bearing of its terrors. I was somewhat amased at the only case of labor I witnessed while among the Indians. It occurred in a young primipara of eighteen. Labor came on while she was out in the yard, and we barely had time to get her into the house before the child was born. Two antiquated squaws eyed me very intently while engaged in the duties of accoucheur, and after cutting the cord, and allowing the placental end to drop from my hands and remain where it fell, one of them gave a grunt of decided disapprobation, and elbowing me aside, proceeded very deliberately to tie the end of the cord I had dropped to the *mother's big toe.* A smile of incredulity and wonder swept across my amazed countenance, as I thought to myself at last there is something "new under the sun" after all. I believe this precaution is universally taken by the old squaws for in the

two cases of retained placenta I attended I found the cords thus attached in both instances. Now what do these old squaw mid-wives *do* when anything goes wrong? Simply *nothing*. There is no "middlesome mid-wifery" among them. They simply sit by and encourage the mother, and let nature do her work. And she usually does it in her own good time and way. I never heard of a case of post partem hæmorrhage among them that proved fatal, or even serious. I never heard of a case of ruptured perineum among them, nor of retention of urine, or sore nipples, or inflammed breasts, nor any of the ailments so common among pregnant women in civilized communities. In fact this race seems to enjoy a remarkable immunity from all those complications and conditions that render so voluminous the ordinary works on obstetrics and diseases of women of the present day.

A POST-MORTEM.—By A. A. Whipple, M. D., of Quincy, Ill.

Cirrhosis of the Kidneys.—In the past week I have met with two sudden deaths from heart disease. Both were of interest to me, but more especially the second one, as it was a lesion of rare occurrence.

The first was a lady, age sixty-six, who came from the East a few weeks ago to make her home with her son. I was called to see her, and after making a careful examination of the chest and urine, I diagnosed chronic Bright's disease, with cardiac hypertrophy, and gave an unfavorable prognosis. She died rather unexpectedly and alone about 5 A. M., January 3, 1886, after sleeping well during the night.

The *post-mortem* examination revealed, as I anticipated it would, eccentric hypertrophy of the heart, and the cirrhotic or contracting form of the kidneys. They weighed two and three-fourth ounces each. One of them had on its convex border what seemed to be a cystic tumor the size of a hazelnut, but on cutting into it the contents were found to be urine, and a sinus leading to the pelvis of the kidney.

TEA AND COFFEE DYSPEPTICS.—It has occurred also to the writer to make many observations as to the circumstances under which tea and coffee are found to agree or disagree with different persons; in the first place, as Sir W. Roberts has pointed out, tea, if taken *at the same time* as farinaceous food, is much more likely to retard its digestion and cause dyspepsia than if taken a little time after eating; and the custom adopted by many persons at breakfast, for instance, of eating first and drinking their tea or coffee afterward is a sensible one; so also it is better to take one's five o'clock tea without the customary bread-and-butter or cake than with it.

Indeed, while there is little that can be said against a cup of hot tea as a stimulant and restorative, when taken about midway between lunch and dinner, and *without* solid food, it may, on the other hand, be a fruitful cause of dyspepsia when accompanied at that time *with* solid food. It is also a curious fact that many persons with whom tea, under ordinary circumstances, will agree exceedingly well, will become the subject of a tea dyspepsia if they drink this beverage at a time when they may be suffering from mental worry or emotional disturbance.

Moreover, it is a well-recognized fact that persons who are prone to nervous excitement of the circulation and palpitations of the heart have these symptoms greatly aggravated if they persist in the use of tea or coffee as a beverage. The excessive consumption of tea among the women of the poorer classes is the cause of much of the so-called "heart-complaints" among them: the food of these poor women consists largely of starchy substances (bread-and-butter chiefly), together with tea, i. e., a food accessory which is one of the greatest of all retarders of the digestion of starchy food.

The effect of coffee as a retarder of stomach digestion would probably be more felt then it is were it not so constantly the practice to take it only in small quantity after a

very large meal; it is then mixed with an immense bulk of food, and its relative percentage proportion rendered insignificant; and to the strong and vigorous the slightly retarding effect on digestion it would then have, may be, as Sir W. Roberts suggests, not altogether a disadvantage; but after a spare meal and in persons of feeble digestive power the cup of black coffee would probably exercise a retarding effect on digestion which might prove harmful.—*Popular Science Monthly for May.*

EDITORIAL.

THE ADVANCE.—The June number closes Vol. XVI., and to both subscribers and contributors we extend our sincere thanks. To the former for their prompt remission of "the sinews of war" and their many words of encouragement; to the latter for their valuable aid, to which our succes is so largely due.

HOMŒOPATHIC PRACTICE.—Permit us to ask a few pertinent questions. Why is it that the practice of many professed Homœopathists differs so materially from their preaching? Why is it that so many who profess to be guided by *Similia*, appear, at the bed side, to be in mental terror of Homœopathy? Why is it when a serious case occurs that so many desert their colors and say: "The law is not applicable in this case; we must palliate by morphine and quinine"? Why should a Homœopathist say: "Do not let your patient die by adhering to your principles—the law of similars—but do anything to save his life"?* Why, if some thus fear to trust it, do they waste time in trying to master the simplicity of "The Science of Therapeutics"? Why believe in Homœopathy at all?

* In the cholera epidemic in Naples, in 1854, seven hundred and three cases were treated homœopathically with a mortality of only one-seventh of one per cent., while in the last epidemic, in 1884, the loss under scientific (?) medicine was fifty-three in every hundred treated.

DYNAMIZATION.—While we are attempting to secure uniformity in the preparation of our remedies after the manner recommended by Hahnemann, would it not be well for us at the same time to secure uniformity in the use of some of our terms? Why should such terms as dynamization, potentization, attenuation, dilution and trituration be used synonymously? Hahnemann accidentally discovered the process while in search of some method by which he could diminish the force of the dose of the *similar remedy* by reducing the quantity of the crude drug matter which it contained. As Dr. Wells very admirably expresses it: "The manner of effecting this gave us an expression of what was supposed to have happened in the process, which is altogether misleading as to the fact. Each step in the reduction came to be termed a '*dilution*' or an '*attenuation*', neither of which describes what has happened as to the *curing power* of the medicament treated. It may be sufficiently correct to say of the *drug matter* that it has been '*attenuated*' or '*diluted*', but to say this of the *dynamic element* of the drug which cures, is absurd and misleading. To *dilute* or *attenuate* a *force* is not readily conceived of as possible." The terms as used at present confound the process by which the force is obtained with the force itself. It is the drug force or potence of Calcarea, Carbo veg. or Silicea which does the cure work, and not the process by which this force was obtained. Hence it would better express our meaning and the facts to say Calcarea 6th potency instead of Calcarea 6th attenuation or dilution.

A TOUCHING SPECTACLE.—If there be anything on earth that can dim an angel's eyes with joyful tears it surely is the spectable of a sinful man sympathizing with a suffering brute.

It is believed that this *tour de maitre* has recently been accomplished. Some sanguine and simple souls fondly imagine that a spontaneous seraphic lachrymation has be-

gemmed the golden streets with sparkling crystals of salt, and all this from the spectacle of a sinful man sympathizing with a sorely-suffering brute.

Where on earth could so touching a spectacle have been presented? Who that knows anything of the history of this earth would ask such a stupid question? Where on earth *could* it be if not in —— BOSTON, MASS.?

Sure enough, there it was: for the evidence whereof see the May number, p. 195, of the *New England Medical Gazette*, edited by J. P. Sutherland, M. D.

The jealous occidental reader is recommended to "see" the aforesaid May number because *seeing is believing*, and he will surely need both his eyes to take in such an account of the before-mentioned "spectacle" as we are enabled to give by means of private advices from Boston.

When the March issue of THE MEDICAL ADVANCE reached the sanctum of the *New England Medical Gazette*, edited by J. P. Sutherland, M. D., the culture of *that* editor led him to turn at once to the editorial—"The Issue inEngland."

At that particular moment this editor was writing his own editorial, "American Medical Diplomas"—which by the way, he pronounces mere articles of merchandize with such an emphasis that one is obliged to consider his editorial as a chapter of autobiography.

[From this editorial, we may remark in passing, we learn that he is well up in so erudite an author as Dickens, but so ignorant of Carlyle as to ascribe to him a "satire" that is really Leigh Hunt's. This, of course, is pardonable, for when a man has given the strength of his intellect to Dickens there isn't much left.]

While reading our account of that cruel barrel in which was that unhappy lion with the awfully-sore tail, his face (the editor's, not the lions) grew ashy white, his bosom rose and fell behind his celluloid shirt-front, and tears (fully as large as the marrowfat pea known to the trade as

Grimes's Glory) tumbled down his manly cheeks like neophytes on roller skates. Suddenly he sprang to his feet, strode *a la* the late Edwin Forrest to an adjoining closet, took therefrom a black bottle of the species known in Scotland as the *tappit hen*, poured out four ounces of a deep yellowish mother tincture, and, true to his Wesselhœftian teachings, didn't dilute it at all. He is probably what they call in the vernacular a "straight" man.

This particular mother tincture, in the so-called Wesselhœftian dose and potency, seemed to have an *inspiriting* effect, for our hero donned his hat and made for the Massachusett's General Hospital at a tearing pace. Once there, he procured a cast-off flaxseed poultice, and not until he had this safely storred away in his hat did a faint gleam of joy—a promise of better things—illume his face.

On his way homeward he was heard muttering, "Poor, long-suffering lion, surely this will soothe that sorely-smarting tail of thine." He smiled and ——

Ting-a-ling-a-ling-a-ling! It was our night bell waking us from sleep and dispelling our dream in rippling laughter, for we had read the poulticing editorial in the *New England Medical Gazette*, edited by J. P. Sutherland, M. D., just before retiring. What pranks sleep does play with one!

On our return from making that night visit, we filled our pipe and re-read that poultice-suggesting editorial.

Has the reader of this ever read in the dead hush of midnight when the solemn silence that calms all passion seems to clarify the mind and to make the author's innermost thought as visible as the stars? Well, despite our re-reading amidst such super-favorable environment the editorial still smelled of that infernal cast-off poultice.—Faugh!

We tried the effect of reading aloud ——

"We trust that our English brethren will not make the mistake of their predecessors of Dickens's day; but will regard this modern Chollop-ism as born of individual eccen-

tricity, and by no means of national feeling. We trust they realize that nowhere have they more sympathetic spectators [*poultice*], in their struggle against the oppression of prejudice, than in their American fellow-workers, who are fighting the same battle under conditions not sufficiently different [*poultice*] to greatly lighten its stress. We trust that they need no assurance of how we, their brethren in race and language [*minus* "the barrell,"] in aim and purpose [*poultice*], are glad in their successes [?] sympathize in their perplexities [*poultice*], sorrow in their losses [perhaps of "the tail,"] glory in their ability and their pluck [2 *poultices*], and rejoice whole-heartedly in our right to do so."

Alas even the reading aloud was of no use; that unfortunate dream had spoiled the editorial for us: the odor of the poultice clung to it still.

We dropped the editorial and took up Machiavelli—opening the volume at random. Great Heavens! was there a Nemesis that turned the leaves? We ask because this is what met our astonished eyes—

"Sono di tre generazioni cervelli: l'uno intende per se; l'altro intende quanto da altri gli e mostro; e il terzo non intende ne per se, stesso, ne per dimostrazione di altri."*

Anyone who has read the editorial in the *New England Medical Gazette*, edited by J. P. Sutherland, M. D., and who is also conversant with the history of Homœopathy in England can easily determine to which "variety of brains" the poulticing editor belongs. S. A. J.

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*There are brains of three varieties: the one understands of itself; the second understands as much as is shown it by others; the third neither understands of itself nor what is shown it by others. *Il Principe*, c. xxii.

'Varieties' is a very free translation of *generazioni* but the exquisite "fit" justifies it.

NEW PUBLICATIONS.

THE SOUTHERN BIVOUAC.—In the June issue, Dr. Felix L. Oswald will conclude the interesting series of articles on "Our Last Hunting Grounds," with a paper on the Rocky Mountain Region. Dr. Oswald is also preparing a series of articles on Southern summer resorts.

MAGAZINE OF AMERICAN HISTORY.—An account of the "Retreat of the Confederate Government" from Richmond, at the close of the war, by one of the party, accompanied by a superb portrait in steel of Jefferson Davis, will be a notable feature of the June issue. Dr. Bender, our Boston correspondent, will also discuss the prospects of an early dissolution of the present constitutional system of Canada.

THE JUNE CENTURY contains Mrs. Schuyler van Rensalaer's second paper on "American Country Dwellings," with drawings of some of the handsomest country-houses in the Eastern States; a timely paper on "Harvard's Botanic Garden and Its Botanists," by Ernest Ingersoll; and a paper by John Burroughs on "Birds' Eggs," with engravings of twenty-two varieties of eggs.

The Antietam campaign is the subject of the war papers in this number, the illustrations referring mostly to the battle of Antietam and forming perhaps the richest pictorial contribution yet made to the series. General James Longstreet's reminiscences are covered by the title, "The Invasion of Maryland;" General John G. Walker writes of the battles of "Harper's Ferry and Sharpsburg"—the latter being the Confederate name for Antietam; Colonel Henry Kyd Douglas, of Jackson's staff, relates anecdotes of "Stonewall Jackson in Maryland;" and Charles Carleton Coffin, the war correspondent, describes "Scenes at Antietam." This is an interesting number.

THE PRINCIPLES AND PRACTICE OF SURGERY. By FRANK H. HAMILTON, A. M., M. D., L. L. D., late Professor of Surgery in Bellevue Hospital Medical College, etc., etc. Illustrated with 472 engravings. Third edition, revised and corrected. New York: Wm. Wood & Co., 1886. pp. 990. 8vo.

This work, the first edition of which appeared fourteen years ago, illustrates in a marked degree the rapid strides in progress which is being made in surgical art. Originally the work was intended as a text-book for students and practitioners, and from his extended experience both in teaching and in operative surgery, no one was better quallfied for this duty than the author, whose name has been synonymous with American surgery for over one-third of

a century. It is practical, concise, well illustrated and hence easily understood. The text is clear, the subjects briefly and well stated, though brevity is never sacrificed at the expense of a thorough and comprehensive description. Take it all in all, it is just what we should expect from the author, one of the most readable works on surgery which has ever been issued from the American press. None of our readers can make a mistake by adding this valuable work to their surgical library. It is printed in the best style of Wm. Wood & Co., and that is saying all that is necessary for its mechanical execution.

A SYSTEMATIC TREATISE ON THE PRACTICE OF MEDICINE. By A. E. SMALL, A, M., M. D. Chicago: Duncan Brothers. 1886. Pp., 900.

No member of our school in the west has labored more honestly or earnestly, either in general practice or on the college rostrum, to advance its interests; and no one has held a more honorable position or been more respected by his fellow-laborers than the author of this work. But while this is true, the work abundantly proves that a successful practitioner or teacher may be a complete failure as a book-maker. For the reputation of the author, the credit of the publishers and, above all, the welfare of Homœopathy, this book never should have been published. Notwithstanding the "many years" occupied in its preparation, and the "forty years experience" embraced in its pages, we cannot but express our bitter disappointment and sincere regret that Homœopathy should be compelled to carry such a burden under the title of "a systematic treatise on the practice of medicine." From one of the oldest teachers in our school the profession had a right to expect something more nearly in accord with his extended reputation as a practitioner.

We give a few samples of the many inconsistencies. The author says: "The day for treating diseases by their names has long since gone by. No two cases of the same disease are sufficiently alike to warrant an appeal to the same remedial measures." In this he is correct, yet on page 111 the indications for Cimicifuga are given: "Hysteria, uterine irritation, delayed menses, dysmenorrhœa, and other female ailments," etc., etc. He also says: "It is by no means a commendable practice to give remedies in frequent alternation," but on pages 735 and 736 he recommends "for severe inflammatory symptoms in gonorrhœa, Acon. 3x, Cann. 3x, each in drop doses in water, or ten drops in ten teaspoonfuls of water, and a teaspoonful every two hours alternately. For yellowish green discharge, Cannabis 3x and Mercurius 6x, in alternation at intervals of six hours."

"ANTHRAX or CARBUNCLE is a malignant boil which presents a livid, or blackish, deep-seated or painful spot or tumor, differing from a common boil in its not having any central core, and from its tendency to terminate in gangrene or suppuration.

TREATMENT.—The internal remedies to be resorted to immediately are Arsenicum 3x, Muriatic Acid 3x, Secale 3x, Kreosote 3x, and Carbolic Acid 3x. For infectious carbuncle China 3x."

The carbuncle is not a malignant boil. It differs entirely from furuncle in its pathology. And why Anthracin, Apis, Carbo veg., Lachesis, Rhus tox, Silica, and Tarantula—remedies which have frequently proved efficacious in combatting this affection—should not even be mentioned seems strange. But as there are no indications given for the remedies mentioned, the omision is not so fatal a defect after all. The student still has his Materia Medica to consult, and so with nearly every disease treated of.

For purpura hæmorrhagica: "Against this pathological condition, Arsenicum 3x, China 3x, Sulphuric Acid 3x, Kreosote 3x, and Rhus tox 3x may be consulted." Evidently the author has not seen Winterburn.

"The treatment of scarlatina simplex is mainly with Aconite 3x, Belladonna 3x, and Pulsatilla 3x. Aconite 3x, during the stage of invasion, followed by Belladonna 3x to relieve the sore throat and headache, and Byonia 3x to eliminate the eruption, and Pulsatilla 3x to promote the healthy desquamation."

"Scarlatina maligna is the most aggravated form of this disease and will require Ammonium carb. 3x, Arsenicum 3x, Hyoscyamus 3x, and Lachesis 6x [fortunately Lachesis 3x can now be obtained.] When there is great prostration and low, muttering delirium, Arsenicum 3x, Belladonna 3x, and Phosphorus 3x; a pinched expression of countenance, Muriatic acid 3x. When there is coma and pulmonary spasms, Belladonna 3x, Ipecac 2x, Opium 3x; for sanious or acrid discharge from the nose and the corners of the mouth, Arum triphyllum 3x." And as if not satisfied with this loose and careless method of prescribing, a chapter of 93 pages on "Clinical Notes" is added, apparently to fill up. There are also three chapters, one each on Anatomy, Physiology and Materia Medica, which would do very well in a domestic treatise, but which are entirely out of place in a professional work. At the close of many chapters the allopathic treatment is given, we presume, by way of contrast. But whatever the intention, it is very bad taste, to say the least, and can only warn the homœopathic practitioner not to buy, and certainly in such surroundings the allopath will

care very little for it. The proof reading and mechanical execution is very deficient, and we trust our publishers will learn after a few more experiments of this kind to be a little more careful in their book making. The homœopathic profession will not buy every book that is called homœopathic.

EDITOR'S TABLE.

J. J. STURGUS, M. D., removes from New Tacoma, W. T., to Olathe, Kansas.

THE "Canadian Institute of Homœopathy" meets at Toronto June 14 and 15.

Drs. Buffman & Stearns have removed their consulting rooms to 100 State street, Chicago, Ill.

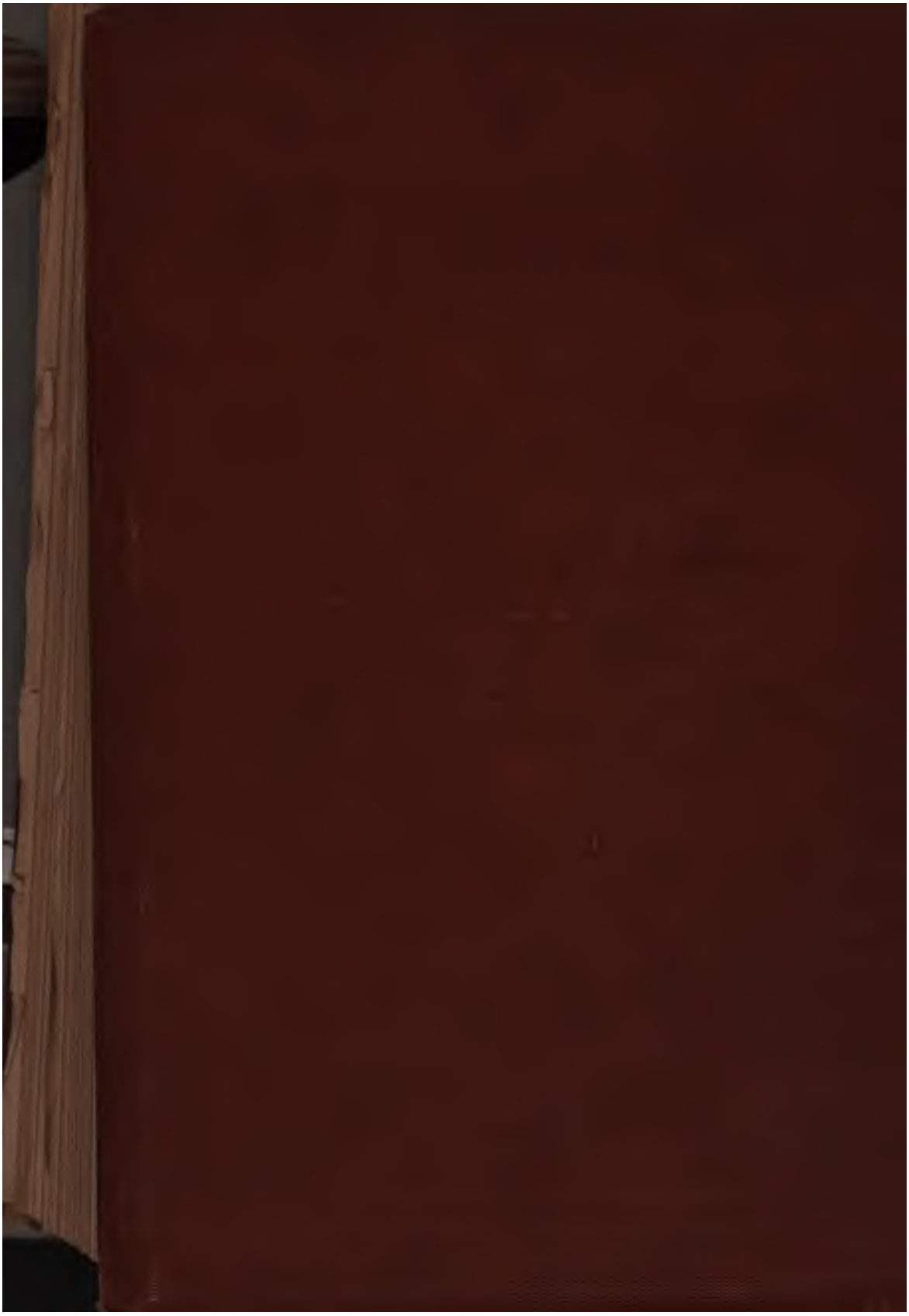
JOHN E. JAMES, M. D., removes from N. W. corner of Tenth and Green streets to 1521 Arch street, Philadelphia.

J. P. GEPPERT, M. D., late vice-president of the Ohio Homœopathic Medical Society, was expelled at the last session at Toledo, for unprofessional advertising.

FRANK KRAFT, M. D., has assumed the editorial charge of *The Periscope*. We extend him a hearty welcome to the fraternity and wish his lively periodical the success it deserves.

WM. D. FOSTER, M. D., leaves Kansas City, Mo., about the first of June to spend the summer in Europe. Dr. M. T. Runnels and Dr. Peter Baker will look after his medical practice. Bon voyage, doctor!

WE are happy to announce that arrangements have been completed by which Alfred Drysdale, M. D., of Cannes, France, the talented translator of Ameke's History of Homœopathy, becomes our regular correspondent. We hope to give his first letter in our July issue.

W. B. CLARK, M. D.—In the April number of *Leonard's Illustrated Journal* the writer of an article in a previous issue is told by Dr. Clark where Ringer made his wonderful discovery of the virtues of Aconite. The instruction is intended for the Allopath "who won't see." Every Homœopath knows this already.

WILMINGTON BOARD OF HEALTH.—The Homœopaths of Wilmington are showing up the duplicity of their mayor, who had evidently promised them representation upon the board, and then, like the trustees of our Northern Asylum, appointed the other man. There is some consolation, however, that this is an elective office and an election day is coming.